

EMPLOYER ATTESTATIONS –

Program Director or Owner must **initial** lines next to the **2** applicable attestations.

Items must be **initialed** for an application to be considered complete.

Please note: This form is **not** required for CTE students.

(a) I attest that the applicant,		_, has been employed
	(Applicant's First and Last Name)	
by	since	/
(Legal Entity name)		(mm/yy)

AND

(b) I attest that the applicant works at least 20 hours per week at the above-named early learning program. Meeting the 20 hours weekly requirement will be waived if applicant is a student participating in a Career and Technical Education (CTE) program.

Director/Owner Signature	Date	
Printed Name of Director/Owner	Title	
Please upload the completed form to your online applicat Fax: 717-213-0585 or Email: pakeyvoucherprogram@pake		
The Office of Child Development and Early Learning is inv	ested in ensuring limited resources are	

distributed in an equitable manner. For us to better serve individual community needs, please provide the following information.

Total facility enrollment _____ # of CCW Enrollments _____

*Form is valid for 6 months from date of signature