

Childcare Disregard – To be completed by the Employer

Employee name: _____

Payroll number: _____

Date employment commenced: _____

This is to certify that the above named person works a total of _____ hours per week. (If variable, please enclose details of last six weeks).

Business Address: _____

Telephone number: _____ Date: _____

Employee's official stamp:
(or return on company headed paper)

Signature of employer: _____

Please return this form to the address shown above.