



# Woods Hole Oceanographic Institution

## Academic Programs Office CHILD CARE SUBSIDY FORM Spouse/Domestic Partner Work Verification

### Spouse or Domestic Partner of WHOI Postdoctoral Scholar/Fellow:

Please attach copies of time cards, signed by the appropriate supervisor.

Employee's Name:	EE#
Spouse's Name:	
Social Security #:	
Name of Organization:	
Phone Number:	

Please list total number of hours worked **per two-week period**.

It is understood that vacation and holiday time is not to be included in the hours listed below.

Two weeks ending on Saturday, Day            Month            Year  
**(Same as WHOI Pay Period)**

Total hours worked:

Two weeks ending on Saturday, Day            Month            Year  
**(Same as WHOI Pay Period)**

Total hours worked:

Please have your spouse's employer sign below, this signature verifies the information given above.

**Employer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_

### FOR SELF EMPLOYED:

I understand that misrepresentations of time worked by me will result in immediate discontinuance of the Institution's Dependent Care Subsidy and possible adverse tax consequences to the employee.

**Self-Employed Spouse's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_