Woods Hole Oceanographic Institution

DEPENDENT CARE SUBSIDY
Spouse/Domestic Partner Work Verification Form

NOTE: If your spouse is also employed by WHOI, you do not need to complete this form. Human Resources will verify hours worked each pay period.

Employee's Name:	EE#
Spouse's Name:	
Name of Spouse's Employer:	

Please list the total number of hours worked **per two-week period*** (same as WHOI pay period). Hours worked includes all paid time for regular, sick, vacation, holiday, etc.

*If your spouse works consistent hours on a weekly basis, we will accept a letter from your spouse's employer stating the set hours scheduled to work for the year. However, if those hours change during the year, you must notify us promptly with a revised letter or copy of a current time sheet.

Two weeks ending on Saturday: **(Same as WHOI Pay Period)** Total hours worked:	Day Month Year
Two weeks ending on Saturday: **(Same as WHOI Pay Period)** Total hours worked:	Day Month Year

Please have your spouse's employer sign below to verify the information given above.

Spouse's Employer's Signature: _____ **Date:** _____

Title: _____

For Self-Employed Spouses:
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:** _____