

Proof of employment

___ mother, ___ father (please tick the appropriate)

Child's name _____

Carer at kita _____

We confirm that Ms./Mr. _____

has worked at our company since _____

on a _____% basis as (function) _____.

If less than 100%

regular working hours

Mo Tu We Th Fr

Working hours from _____ to _____

irregular working hours spread over _____ days

Mo Tu We Th Fr

no. of hours _____ per week / month

on call: approx. _____ % per week / month

Notes concerning irregular
working hours

Company / Institute

Address

Date, Place

Function (HR / Superior)

Stamp and signature
