



Office Use Only-2019

Date Received:

Date Processed:

Name of Child Care Program: _____

Licensing Number: _____ County: _____

Name of Director: _____ Director's Email: _____

The following individuals are no longer employed with my program:

Registry Id Number	Name	Last Day of Employment

As director of the above listed child care program I confirm that the individuals listed are no longer employed with my child care program. I understand that in order for those individuals to be removed that I must complete the last day of employment for those individuals so that WV STARS staff can remove them from being employed with my program. Please note it may take up to 30 days.

Signature of Director

Date

West Virginia State Training and Registry System

611 7th Ave, Suite 322 Huntington, WV 25701

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Fax (304) 529-2535

Email: wvstars@rvcds.org

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