



**DELAWARE DEPARTMENT OF LABOR
DIVISION OF INDUSTRIAL AFFAIRS
OFFICE OF WAGE AND HOUR ENFORCEMENT**

SERVICE LETTER FORM

Overview

The provisions of **19 Del. C. §708** require that we obtain a service letter from you as an employer or former employer of the person named below. The provisions of **19 Del. C. §708** also require any employer who receives a request for a service letter to provide the information on this form within ten (10) business days from receipt of the request. This law provides for penalties of \$1,000 - \$5,000 for individuals who falsify or fail to fully and completely disclose all required information.

To be Completed by Employer Requesting Service Letter Form

Name of Business/Employer Requesting Service Letter Form: _____

Address of Business/Employer: _____

Type of Business of Employer Requesting Service Letter Form (Check one):

Health Care Facility Child Care Facility

Name of Applicant: _____

Last 4 digits of Social Security Number: (optional) _____ Date of Birth: (optional) _____

Applicant Indicated Dates of Employment: From: _____ To: _____

To be Completed by Employer Receiving Service Letter Request

The above-named person has applied for employment/licensure with our organization. The applicant indicated on his/her application that s/he was or is employed by you and has signed an authorization and release form that permits you to truthfully answer these questions without liability. A copy of that authorization is included. Responses to all questions are **required** except where noted in #4.

1. Complete Name of Business/Employer: _____

Address of Business/Employer: _____

*If employed with a temporary agency or contractor, please indicate below:

Type of Business: _____

2. Dates of Service for Employee: From: _____ To: _____

If this information is not available, please explain: _____

3. Please Answer the Following Questions:

a. Type of Service performed by the person during the course of his/her employment. (Please check one.)

- The employee was directly involved on a daily or frequent basis providing services and/or care to clients/patients/residents/children.
- The employee was not directly involved providing services and/or care to clients/patients/residents/children on a daily or frequent basis but did occasionally provide some care and/or services.
- The employee did not provide services and/or care to clients/patients/residents/children but did have some contact with them.
- The employee had no contact with clients/patients/residents/children.
- This information is not available. (Please explain.)

b. Reason for separation from service. (Please check one.)

- Laid Off Resigned Resigned in the lieu of discharge
- Discharged Abandoned Position Other (Specify) _____

Information not available (Explain)

c. Information relating to employee's performance (please check all statements which apply to this person and circle/s taken.)

- You have any concerns about the employee providing care to children. If yes, please explain:

- The employee was warned, reprimanded, suspended, or discharged for any prohibited acts under 14 DE Admin. Code § 20.6, a Department of Education regulation for Early Care and Education and School Age Centers. As of June 2024, such prohibited acts are:

- roughly handling a child or inflicting physical punishment on a child's body;
- yelling at, humiliating, or frightening children;
- physical or sexually abusing a child;

- making negative comments about a child's appearance, ability, ethnicity, family, or other personal traits;
- denying children food, water, or toilet use for inappropriate behavior;
- tying, taping, chaining, caging, or restraining a child by a means other holding (but see the regulation for detailed qualifications on when physical holding may be appropriate);
- punishing children for toileting accident or for failing to fall asleep, eat food, or complete an activity;
- withholding physical activity or punishment; and
- encouraging or allowing children to hit, punish, or discipline each other.

If yes, please explain: _____

- The employee was counselled, warned, reprimanded, suspended or discharged as a result of reasonably substantiated incidents involving his/her violent behavior or threats of violence in the workplace.
- The employee was counselled, warned, reprimanded, suspended or discharged as a result of reasonably substantiated incidents involving abuse of patients/clients/residents/children.
- The employee was counselled, warned, reprimanded, and suspended or discharged as a result of reasonably substantiated incidents involving violent behavior in the workplace, abuse or negligence/neglect of patients/clients/residents/children.
- The employee was never counselled, warned, reprimanded, suspended or discharged as a result of reasonably substantiated incidents involving violent behavior in the workplace, abuse or negligence/neglect of patients/clients/residents/children.
- Not applicable to this employee. (Please Explain) _____

4. (Optional) I would rehire this individual Yes No

Signature

I hereby swear/affirm that the information provided above is full and complete disclosure of the facts required, and that the information is true and correct to the best of my knowledge and belief.

Printed name/title of person completing the form: _____

Signature: _____

Date: _____