

EMPLOYER NAME/PLACE OF EMPLOYMENT:	IMMEDIATE SUPERVISOR'S NAME:	IMMEDIATE SUPERVISOR'S TITLE:
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I authorize the release of this information and give permission to the Child Care Information Services (CCIS) agency to verify all information contained in this form.

\_\_\_\_\_ EMPLOYEE'S PRINTED NAME \_\_\_\_\_ EMPLOYEE'S SIGNATURE \_\_\_\_\_ DATE

**THE FOLLOWING SECTIONS MUST BE COMPLETED BY THEIR EMPLOYER**

EMPLOYER IDENTIFICATION NUMBER (EIN):	ADDRESS OF EMPLOYMENT:	EMPLOYER'S TELEPHONE NUMBER: ( ) -
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**EMPLOYEE INFORMATION**

EMPLOYEE'S JOB TITLE:	Is the above-mentioned employee newly hired? <input type="checkbox"/> Yes <input type="checkbox"/> No	EMPLOYMENT START DATE: / /
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**EMPLOYMENT INCOME**

HOURLY RATE: \$	GROSS PAY: \$	AVERAGE DAILY TIPS: \$	NEXT PAY DATE: / /	PAY FREQUENCY: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly (26 pays/year) <input type="checkbox"/> Twice a Month (24 pays/year) <input type="checkbox"/> Monthly
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The employee:  receives paystubs  does NOT receive paystubs  has access to pay online via the following website:

**EMPLOYMENT SCHEDULE (Please indicate the days and hours the employee works and indicate whether the hours occur during A.M. or P.M.)**

NOTE: if the schedule varies, please give a 4-week sample schedule.

WEEK ONE	WEEK TWO	WEEK THREE	WEEK FOUR
Dates: from: _____ to: _____	Dates: from: _____ to: _____	Dates: from: _____ to: _____	Dates: from: _____ to: _____
Mon. from _____ A.M./P.M. to _____ A.M./P.M.	Mon. from _____ A.M./P.M. to _____ A.M./P.M.	Mon. from _____ A.M./P.M. to _____ A.M./P.M.	Mon. from _____ A.M./P.M. to _____ A.M./P.M.
Tues. from _____ A.M./P.M. to _____ A.M./P.M.	Tues. from _____ A.M./P.M. to _____ A.M./P.M.	Tues. from _____ A.M./P.M. to _____ A.M./P.M.	Tues. from _____ A.M./P.M. to _____ A.M./P.M.
Wed. from _____ A.M./P.M. to _____ A.M./P.M.	Wed. from _____ A.M./P.M. to _____ A.M./P.M.	Wed. from _____ A.M./P.M. to _____ A.M./P.M.	Wed. from _____ A.M./P.M. to _____ A.M./P.M.
Thur. from _____ A.M./P.M. to _____ A.M./P.M.	Thur. from _____ A.M./P.M. to _____ A.M./P.M.	Thur. from _____ A.M./P.M. to _____ A.M./P.M.	Thur. from _____ A.M./P.M. to _____ A.M./P.M.
Fri. from _____ A.M./P.M. to _____ A.M./P.M.	Fri. from _____ A.M./P.M. to _____ A.M./P.M.	Fri. from _____ A.M./P.M. to _____ A.M./P.M.	Fri. from _____ A.M./P.M. to _____ A.M./P.M.
Sat. from _____ A.M./P.M. to _____ A.M./P.M.	Sat. from _____ A.M./P.M. to _____ A.M./P.M.	Sat. from _____ A.M./P.M. to _____ A.M./P.M.	Sat. from _____ A.M./P.M. to _____ A.M./P.M.
Sun. from _____ A.M./P.M. to _____ A.M./P.M.	Sun. from _____ A.M./P.M. to _____ A.M./P.M.	Sun. from _____ A.M./P.M. to _____ A.M./P.M.	Sun. from _____ A.M./P.M. to _____ A.M./P.M.
TOTAL # HOURS/WEEK: _____	TOTAL # HOURS/WEEK: _____	TOTAL # HOURS/WEEK: _____	TOTAL # HOURS/WEEK: _____

Effective begin date of schedule change:

**EXTENDED LEAVE**

Is the employee on extended leave (maternity, disability, etc.)?  Yes  No Effective begin date of extended leave: \_\_\_/\_\_\_/\_\_\_ Date returned from extended leave: \_\_\_/\_\_\_/\_\_\_

**TEMPORARY/SEASONAL EMPLOYMENT**

Is the employee considered to be a temporary hire?  Yes  No If the employee is considered a temporary hire, what is the last date of guaranteed employment? \_\_\_/\_\_\_/\_\_\_

If the employee is seasonal, please give: Last day of work before break: \_\_\_/\_\_\_/\_\_\_ Expected date of return following break: \_\_\_/\_\_\_/\_\_\_

I understand that the information I am providing will be used to determine the above-named employee's eligibility for subsidized child care.

\_\_\_\_\_ EMPLOYER'S PRINTED NAME & JOB TITLE \_\_\_\_\_ EMPLOYER'S SIGNATURE \_\_\_\_\_ DATE

Dear Employer:

One of your employees has requested assistance paying his/her child care costs. We must verify his/her employment with you. This information will help us determine if this employee is eligible for the subsidized child care program. The form must be mailed directly to the Child Care Information Services (CCIS) agency.

**An authorized COMPANY REPRESENTATIVE (not the employee) must complete this form.**

We must have an accurate record of your employee's work schedule and employment income. Please complete the information on the back of this page. It is very important that the hours shown are specific and defined as either A.M. or P.M. (For example, 7:30 a.m. - 3:30 p.m.). If the employee's schedule varies, please give a 4-week sample schedule. **You do not need to give a 4-week sample schedule unless the employee's schedule varies from week to week.**

Thank you for your time and assistance. If you have any questions about how to complete this form, please contact the CCIS listed below.

**Office of Child Day Care Services/  
Child Care Information Services of  
Montgomery County  
1430 DeKalb Street  
P.O. Box 311  
Norristown, PA 19404-0311  
610-278-3707 or 800-281-1116  
FAX: 610-278-5161  
montcopa.org/ccis**