



To be Completed by Employee

AUTHORIZATION AND CONSENT TO RELEASE INFORMATION

I (employee's name) _____, give permission to my current/former
(Print)
employer, _____,
(Print the company's /organization's /employer's /owner's name)
to release my employment/income information to the NYC Administration for Children's Services.

Employee's Home Address _____ Apt. _____

City _____ State _____ Zip _____

Employee's Signature: _____ **Date Signed:** _____

To be Completed by Employee's Supervisor, Personnel or Payroll Department

Note: The Administration for Children's Services may contact you by telephone to verify employment/income information.

The individual named above is requesting/receiving publicly funded child care services. To make a financial eligibility determination, it is necessary to verify income for the last three (3) months.

Is employer a fast food establishment? ☐ YES or ☐ NO

Is the employer a small business, containing 10 employees or fewer? ☐ YES or ☐ NO

Period of Employment: Start Date: ____/____/____ End date: ____/____/____ (leave blank if still employed)
Return to work date / / (if on leave)

Type of Work: _____

Regular Employment Schedule

| Hours | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--------------|---------------|----------------|------------------|-----------------|---------------|-----------------|---------------|
| From | | | | | | | |
| To | | | | | | | |

Gross Income: \$_____ Income is paid ☐ weekly ☐ bi-weekly ☐ semi-monthly ☐ monthly

Gross Hourly Income : \$

Gross Payroll Information for the Past Three (3) Months

Please list overtime, if any, in the appropriate column.

Service employees must receive a combination of tips and wages as set forth by the New York State minimum hourly wage law. If the amount earned in tips cannot be verified and/or documented 15% of gross income will be calculated and added.

| PERIOD ENDING | | HOURS WORKED | GROSS INCOME | OVERTIME | TIPS | OTHER EARNINGS | |
|---------------|--|-----------------|-----------------|----------|------|----------------|------|
| | | | | | | AMOUNT | TYPE |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |
| 7. | | | | | | | |
| 8. | | | | | | | |
| 9. | | | | | | | |
| 10. | | | | | | | |
| 11. | | | | | | | |
| 12. | | | | | | | |

Business/Employer's Name (please print): _____

Business Street Address:

City, _____ State, _____ Zip: _____ Tel. No: () _____

Federal Tax ID #:

I swear and/or affirm that all of the financial information I have given related to the employee named above is true and accurate.

Signature: _____ **Title:** _____ **Date Signed:** / /