

**CHILDREN'S HOME SOCIETY OF CALIFORNIA
EMPLOYMENT/INCOME VERIFICATION**

Instructions: The parent must complete Section 1 of this form and return this document to Children's Home Society of California (CHS). CHS will then contact the employer directly to have Section 2 completed.

SECTION 1: PARENT AUTHORIZATION (This section to be filled out by the parent):			
I, _____, hereby authorize my employer (or contractor) listed below, to provide Children's Home Society of California (CHS) with the information requested in Section 2 on this form.			
_____ Parent's Signature	_____ Social Security Number	_____ Date	
Name of Employer/Contractor: _____			
Employer/Contractor's Usual Days and Hours of Operation: _____			
Phone Number of Employer/Contractor: _____ Fax Number: _____			
Address of Employer/Contractor: _____			
Street Address	City	State	Zip Code
PARENT: After completing Section 1 above, return this form to CHS. DO NOT forward this document to your employer or complete Section 2. CHS will contact your employer directly to request the information below.			

SECTION 2: EMPLOYER VERIFICATION (This section must be completed by the employer or contractor):						
Employer: Please verify the information in Section 1, above, and make any corrections if necessary. In addition, please provide the information below. Thank you for assistance with providing this information.						
The individual indicated above is: <input type="checkbox"/> Employed as a (Position Held:) _____						
<input type="checkbox"/> A contractor/consultant						
<input type="checkbox"/> Self-employed and provides services including (Describe services rendered, below:) _____						
Employment/Contract Start Date: _____ Rate of Pay: \$ _____ per: hour / day / week / month						
How often paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Commission Only <input type="checkbox"/> Per Diem						
Method of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check Does employee receive: <input type="checkbox"/> Tips <input type="checkbox"/> Commission <input type="checkbox"/> Overtime Pay <input type="checkbox"/> Bonus						
Does employee work overtime hours? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, specify hours/days per week _____						
WORK SCHEDULE : Complete <i>either</i> the "Scheduled" or "Variable" work schedule below.						
<u>Scheduled Days and Hours Worked</u> (complete this section only if the parent has fixed days and hours of work):						
SUN: From: _____ To: _____	MON: From: _____ To: _____	TUE: From: _____ To: _____	WED: From: _____ To: _____	THU: From: _____ To: _____	FRI: From: _____ To: _____	SAT: From: _____ To: _____
-OR- <u>Work Week Cycle – Variable Schedule</u> (complete this section only if the parent's work days and hours change):						
Number of Hours per Week Minimum: _____ Maximum: _____						
Check any days work may be scheduled (include overtime): <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat						
Verification from Employer: By signing below, I declare under penalty of perjury this information is true and correct according to our employee records, and that I am the authorized party to give this information on behalf of my employer/company.						
Supervisor Name: _____ Title/Position: _____ Telephone: _____						
Signature of Supervisor: _____ Date: _____						

FOR CHS OFFICE USE ONLY:			
Verified By: _____ / _____	Date: _____ / _____	Verified With: _____ / _____	Position: _____ / _____
Notes: _____			
<input type="checkbox"/> Primary Parent <input type="checkbox"/> Secondary Parent <input type="checkbox"/> Other: _____			
Expired Date: _____ Staff Initials: _____			