## **Employment Verification Form**

MPLOYEE'S NAME: PLACE OF EMPLOYMEN		·:	EMPLOYER'S PHO	ONE #: (	)
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.					
X			Date		
	WING SECTIONS MUST B			<b>.</b>	
IS THE ABOVE-MENTIONED EMPLOYEE NEWLY I	HIRED? ☐ Yes ☐ No	EMPLOYMENT START DA	ATE:		
JOB TITLE:					
EMPLOYMENT INCOME					
HOURLY RATE: AVERAGE DAILY TIPS: GROS	SS PAY: NEXT PAY DATE:	FREQUENCY OF PAY:  ☐ Weekly ☐ Bi-weekly	(26 pays/year) □ 2x 1	month (24 pays/ye	ear) $\square$ Monthly
DOES THE EMPLOYEE RECEIVE PAYSTUBS?	res 🗆 No				<u> </u>
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 Dates: from WEEK TW	VO Dates: from	WEEK THREE Dates: from	WEE	EK FOUR Dates	: from
to	to				to
Mon. from A.M./P.M. to A.M./P.M. Mon. from.  Tues. from A.M./P.M. to A.M./P.M. Tues. 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.
	A.M./P.M. to A.M./P.M.				
TOTAL # HOURS/WEEK: TOTAL # 1	HOURS/WEEK:	TOTAL # HOURS/WEEK:		TOTAL # HOURS/WEEK:	
EXTENDED LEAVE					
Is the employee on extended leave (maternity, disability,					
The employee returned from an extended leave (maternit	On w	what date did the extended leave begin:			
TEMPORARY/SEASONAL EMPLOYMEN	<u>T</u>				
Is the employee considered to be a temporary hire? $\Box$ Y	Yes $\square$ No If yes, what is the la	st date of guaranteed employ	ment?		
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.					
X					
Employer's Signature(s)				Date	

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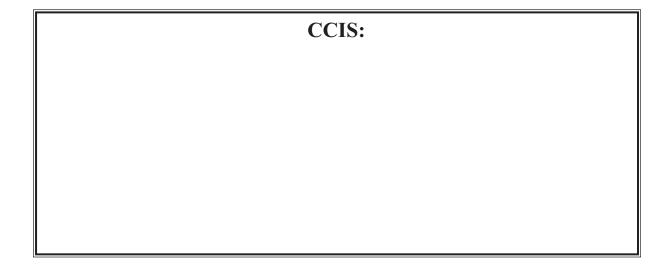
## Dear Employer:

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 can be returned to the employee or 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. 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.



CY 868 5/06 CY 925 4/06