(THIS FORM MAY ONLY BE USED IF CLIENT HAS NOT BEEN EMPLOYED LONG ENOUGH TO HAVE TWO CONSECUTIVE PAY STUBS)

4-C WAGE VERIFICATION FORM

<u>I hereby authorize my employer to release the following information to 4-C: Community Coordinated Child Care.</u>

CLIENT SIGNATUI	RE	DATE	PRI	NTED NAME				
JOB INFORM	ATION (to	be filled out	by employer	only).				
Company Nam	e:						_	
Street Address/	Mailing Ad	ldress:					-	
City, State:Zip:								
Phone Number:Ext								
Employee Nam	e:						-	
Social Security Number:				_Start Date:/				
Gross Salary:		Hourly Rate:		Tips:				
Pay Period: (che	eck one) We	eklyl	Bi-weekly	Twice @ m	onth	Monthly	_	
If irregular or va Per Week			and 9		IPLE SCI	HEDULE BE RIES")	<u>slow</u>	
Hours worked: From:	MON	TUES	WEDS	THURS	FRI	SAT	SUN	Total hours Worked per week:
If employee i				='	<u>verificati</u>	on for a nev	v schedule,	please
Additional Cor								
EMPLOYER SIG	NATURE			TI	TLE			
EMPLOYER NA		D			DATE			

COMPLETED FORM MAY BE FAXED TO (815) 758-5652

4-C: COMMUNITY COORDINATED CHILD CARE - FOOD PROGRAM 155 North Third Street, Ste 300 DeKalb, Illinois 60115

IF YOU HAVE ANY QUESTIONS PLEASE CALL: (815) 758-8149 (ext.234) or (800) 848-8727 (ext.234) THANK YOU!