



FAIRFAX COUNTY  
PUBLIC SCHOOLS

FECEP/Head Start Program  
Dunn Loring Center for Parent Services  
2334 Gallows Road  
Room # 200  
Dunn Loring, VA 22027

### Employment Verification

#### Section I Employee to Complete

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip code)

Home telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ cell/work: \_\_\_\_\_

I authorize my employer to release information regarding my employment, salary and schedule.

\_\_\_\_\_  
Signature Date

#### Part II Employer to Complete

1. \_\_\_\_\_ works for me \_\_\_\_\_ hours per week

Type of work \_\_\_\_\_

2. This employee is paid: \_\_\_\_\_ weekly \_\_\_\_\_ biweekly (26 times a year)  
\_\_\_\_\_ monthly \_\_\_\_\_ semi-monthly (24 times a year)

3. How much does employee earn hourly? \_\_\_\_\_

4. Does this employee work less than 52 weeks a year? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, how many weeks does this employee work? \_\_\_\_\_

Employer's name: \_\_\_\_\_  
Please print name Date

Employer's signature: \_\_\_\_\_

Company or organization name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_