

REFERRAL TO EMPLOYER FOR EMPLOYEE INCOME INFORMATION

To be Completed by Employee

AUTHORIZATION AND CONSENT TO RELEASE INFORMATION

I (employee's name) _____, give permission to my
(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.

"GROSS INCOME" column.

Period of Employment: Start Date: ____/____/____ End Date: ____/____/____ (leave blank if still employed)

Type of Work: _____

Regular Employment Schedule

Hours	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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.							
13.							

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:** ____/____/____