

Employment Verification Form

LOYER NAME/PLACE OF EMPLOYMENT:		IMMEDIATE SUPERVISOF	IMMEDIATE SUPERVISOR'S NAME:			IMMEDIATE SUPERVISOR'S TITLE:			
I authorize the release of this information and give permiss	ion to the Early Learning Res	source Center (ELRC) to verify a	all information containe	ed in this form.					
EMPLOYEE'S PRINTED N		EMPLOYEE'S SIGNATURE			DATE				
		G SECTIONS MUST B							
EMPLOYER IDENTIFICATION NUMBER (EIN):		EMPLOYER'S TELEPHONE NUMBER:							
EMPLOYER IDENTIFICATION NUMBER (EIN): ADDRESS OF EMPLOYMENT:							()		
EMPLOYEE INFORMATION						·			
EMPLOYEE'S JOB TITLE:		the above-mentioned empl	e above-mentioned employee newly hired?			EMPLOYMENT START DATE: / /			
EMPLOYMENT INCOME						÷			
HOURLY RATE: GROSS PAY:	AVERAGE DAILY TIPS: NEXT PAY DATE:		PAY FREQUENCY:						
\$\$	\$	//	Weekly	Bi-Weekly (26 pa	ays/year)	Twice a Month (24	4 pays/year) 🔲 M	onthly	
The employee: receives paystubs does NOT	Γreceive paystubs □ re	eceives pay in CASH I ha	as access to pay or	line via the following	website:				
EMPLOYMENT SCHEDULE (Please indicat NOTE: If the schedule varies, please give a 4-week sam		s the employee works a	nd indicate whe	ther the hours occ	cur during	A.M. or P.M.)			
WEEK ONE Dates: from:	WEEK TWO Date	es: from:	WEEK THREE	Dates: from:		WEEK FOUR	Dates: from:		
to:		to:		to:			to:		
Mon. froma.m./p.m. toa.m./p.m.		/p.m. to a.m./p.m.				Mon. from			
		/p.m. to a.m./p.m. /p.m. to a.m./p.m.				Tues. from Wed. from			
		/p.m. to a.m./p.m.				Thur. from			
				a.m./p.m. to		Fri. from			
		/p.m. to a.m./p.m.				Sat. from			
Sun. from a.m./p.m. to a.m./p.m.	Sun. from a.m.	/p.m. to a.m./p.m.	Sun. from	a.m./p.m. to	_ a.m./p.m.	Sun. from	_ a.m./p.m. to	a.m./p.m.	
TOTAL # HOURS/WEEK:	TOTAL # HOURS/WEEK: _		TOTAL # HOURS/WE	EEK:		TOTAL # HOURS/WE	EK:		
Effective begin date of schedule change:									
EXTENDED LEAVE									
Is the employee on extended leave (maternity, disability, etc.)? Yes No Effective begin date of extended leave:// Date returned from extended leave://									
TEMPORARY/SEASONAL EMPLOYMENT									
Is the employee considered to be a temporary hire? Yes No If the employee is considered a temporary hire, what is the last date of guaranteed employment?//									
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 e	ligibility for subsidiz	zed child care.					
EMPLOYER'S PRINTED NAME & JOB TITLE			EMPLOYER'S SIGNATURE				DATE		



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 must be mailed directly to the Early Learning Resource Center (ELRC).

An authorized COMPANY REPRESENTATIVE (not the employee) must complete this form.

We must have an accurate record of your employee's work schedule and employment income. 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. <u>You do not need to give a</u> **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 ELRC listed below.

ELRC: