Hamilton County JFS Child Care Services Employment Verification Form

Dear Consumer: If you have been employed for more than one month, please provide one month of current pay stubs as verification of your employment. This form can be used for new employment, for clarification or if you are returning from a leave of absence. **Employment verification must be signed by the employer and be no more than six weeks old.**

Dear Employer: Please complete Sections A – D below so that we may determine whether this employee is eligible for child care services. Return to the address checked below. We appreciate your cooperation.

☐ HCJFS Child Care Services, 222 E. Central Parkway, Cincinnati, OH 45202
ATTN: _____ Fax: (513) 946 - 1830

Section A – Employer Information

Company Name:	Address:	
City/State/Zip code:	Phone:	Fax Number:

Section B – Employee Information

Employee Name:			SSN:	
Date of Hire:			Still Employed: ☐ Yes ☐ No If No, Last Date of Employment:	
Is this person on Leave of Absence?			Scheduled return date:	
Does your company issue pay stubs?			Pay frequency: ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Semi-monthly	
Hourly Pay Rate: $	Hours paid/week:	Does employee work overtime?	# of OT hours/week:	OT hourly rate: $
Indicate the Gross income of last 4 pay stubs: Pay date_____ $ _____ Pay date_____ $ _____ Pay date _____ $ _____ Pay date_____ $ _____				
Does the employee receive tips?	**If yes**, what is the weekly amount? $			

Section C – Schedule Information

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Earliest Start Time							
Latest End Time							
Hours at work							

Does this employee work a split shift?	Number of days worked/week?	Are hours fixed or varied?

Section D – A signature is required and indicates the information is correct to the best of my knowledge.

Name and position (print)	Signature:	Date:

Section E – I authorize release of the above information to HCJFS.

Employee Signature:	Date: