

## REFERRAL TO EMPLOYER FOR EMPLOYEE INCOME INFORMATION

Employee's Name: \_\_\_\_\_ Program Number: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ RA Address: \_\_\_\_\_  
 City, State & Zip Code: \_\_\_\_\_  
 Social Security No.: \_\_\_\_\_ Att.: \_\_\_\_\_

To be completed by employer's personnel or payroll department:  
 The above named individual is requesting/receiving publicly funded day care services. To make a financial eligibility determination, it is necessary to verify income for the last three(3) months. Please list overtime, if any, in the appropriate column. Do NOT include time and leave penalties in the "REGULAR GROSS" column.

Period of Employment: Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of Work: \_\_\_\_\_ No. of Work Days Per Week: \_\_\_\_\_

Hours Daily: From: \_\_\_\_\_ To: \_\_\_\_\_ Regular Gross: \_\_\_\_\_ Per: \_\_\_\_\_

Circle Regular Work Days:      **MON**      **TUE**      **WED**      **THU**      **FRI**      **SAT**      **SUN**

PERIOD ENDING	HOURS WORKED	REGULAR GROSS PAY	OVERTIME/ TIPS	OTHER EARNINGS	
				AMOUNT	TYPE
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					

Name of Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Federal ID Number: \_\_\_\_\_ Tel. No: (    ) \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Note: It may be necessary to verify the income information by telephone.*