Employment Verification Form

EMPLOYEE'S NAME:	PLACE OF EMPLOYMENT:	EMPLOYER'S PHONE #: ( )

I authorize the release of this information and give permission to the Child Care Information Services (CCIS) agency to verify all information contained in this form.

X _____

Employee's Signature(s)   Date

THE FOLLOWING SECTIONS MUST BE COMPLETED BY THE EMPLOYER.

IS THE ABOVE-MENTIONED EMPLOYEE NEWLY HIRED? ☐ Yes ☐ No	EMPLOYMENT START DATE:

JOB TITLE:

EMPLOYMENT INCOME

HOURLY RATE: $	AVERAGE DAILY TIPS: $	GROSS PAY: $	NEXT PAY DATE:	FREQUENCY OF PAY: ☐ Weekly ☐ Bi-weekly (26 pays/year) ☐ 2x month (24 pays/year) ☐ Monthly

DOES THE EMPLOYEE RECEIVE PAYSTUBS? ☐ Yes   ☐ No

EMPLOYMENT SCHEDULE (Please indicate the days and hours the employee works and indicate whether the hours occur during A.M. or P.M.)

NOTE: If the schedule varies, please give a 4-week sample schedule.

WEEK ONE Dates: from _____ to _____	WEEK TWO Dates: from_____ to _____	WEEK THREE Dates: from _____ to _____	WEEK FOUR Dates: from _____ to _____
Mon. from_____ A.M./P.M. to _____ A.M./P.M.	Mon. from_____ A.M./P.M. to _____ A.M./P.M.	Mon. from_____ A.M./P.M. to _____ A.M./P.M.	Mon. from_____ A.M./P.M. to _____ A.M./P.M.
Tues. from_____ A.M./P.M. to _____ A.M./P.M.	Tues. from_____ A.M./P.M. to _____ A.M./P.M.	Tues. from_____ A.M./P.M. to _____ A.M./P.M.	Tues. from_____ A.M./P.M. to _____ A.M./P.M.
Wed. from_____ A.M./P.M. to _____ A.M./P.M.	Wed. from_____ A.M./P.M. to _____ A.M./P.M.	Wed. from_____ A.M./P.M. to _____ A.M./P.M.	Wed. from_____ A.M./P.M. to _____ A.M./P.M.
Thur. from_____ A.M./P.M. to _____ A.M./P.M.	Thur. from_____ A.M./P.M. to _____ A.M./P.M.	Thur. from_____ A.M./P.M. to _____ A.M./P.M.	Thur. from_____ A.M./P.M. to _____ A.M./P.M.
Fri. from_____ A.M./P.M. to _____ A.M./P.M.	Fri. from_____ A.M./P.M. to _____ A.M./P.M.	Fri. from_____ A.M./P.M. to _____ A.M./P.M.	Fri. from_____ A.M./P.M. to _____ A.M./P.M.
Sat. from_____ A.M./P.M. to _____ A.M./P.M.	Sat. from_____ A.M./P.M. to _____ A.M./P.M.	Sat. from_____ A.M./P.M. to _____ A.M./P.M.	Sat. 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.	Sun. from_____ A.M./P.M. to _____ A.M./P.M.
TOTAL # HOURS/WEEK:_____	TOTAL # HOURS/WEEK:_____	TOTAL # HOURS/WEEK:_____	TOTAL # HOURS/WEEK:_____

EXTENDED LEAVE

Is the employee on extended leave (maternity, disability, etc.)? ☐ Yes   ☐ No

The employee returned from an extended leave (maternity, disability, etc.) on: _____ | On what date did the extended leave begin: _____

TEMPORARY/SEASONAL EMPLOYMENT

Is the employee considered to be a temporary hire? ☐ Yes ☐ No	If yes, 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 eligibility for subsidized child care.

X _____

Employer's Signature(s)   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 can be returned to the employee or mailed directly to the Child Care Information Services (CCIS) agency.

An authorized <u>COMPANY REPRESENTATIVE</u> (not the employee) must complete this form.

We must have an accurate record of your employee's work schedule. 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 4-week sample schedule unless the employee's schedule varies from week to week</u>.**

Thank you for your time and assistance. If you have any questions about how to complete this form, please contact the CCIS listed below.

CCIS: