Employment Verification Form

| EMPLOYEE'S NAME: PLACE OF EMPI | | : | 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 | | Date | | |
| | Employee's Signature(s) | | | |
| THE FOLLOWING SECTIONS MUST BE COMPLETED BY THE EMPLOYER. | | | | |
| IS THE ABOVE-MENTIONED EMPLOYEE NEW | VLY HIRED? ☐ Yes ☐ No | EMPLOYMENT START DAT | E: | |
| JOB TITLE: | | | | |
| EMPLOYMENT INCOME | CD CGC DAY, NEVT DAY, DATE | EDEONENGY OF DAY | | |
| l | GROSS PAY: NEXT PAY DATE: | FREQUENCY OF PAY: | 26 pays/year) □ 2x month (24 | navs/year) |
| DOES THE EMPLOYEE RECEIVE PAYSTUBS? | Ť | Weekly L Di Weekly (2 | puys/year) = 2x month (21 | pays/year) in Monthly |
| 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 WEEI | K TWO Dates: from | WEEK THREE Dates: from _ | WEEK FOUR | Dates: from |
| to | to | | Man Cana | to |
| Mon. from A.M./P.M. to A.M./P.M. Mon. Tues, from A.M./P.M. to A.M./P.M. Tues, 1 | 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. |
| | from A.M./P.M. to A.M./P.M. from A.M./P.M. to A.M./P.M. | | | |
| | from A.M./P.M. to A.M./P.M. | | | |
| | from A.M./P.M. to A.M./P.M. | | | |
| | from A.M./P.M. to A.M./P.M. | | | |
| | from A.M./P.M. to A.M./P.M. | | | |
| TOTAL # HOURS/WEEK:TOTA | AL # HOURS/WEEK: | TOTAL # HOURS/WEEK: | TOTAL # HOU | RS/WEEK: |
| EXTENDED LEAVE | | | | |
| Is the employee on extended leave (maternity, disability, etc.)? \(\subseteq \text{Yes} \subseteq \text{No} \) | | | | |
| | | | date did the extended leave begin: | |
| TEMPORARY/SEASONAL EMPLOYM | <u>IENT</u> | | | |
| Is the employee considered to be a temporary hire? | ☐ Yes ☐ No If yes, what is the la | st date of guaranteed employme | ent? | |
| 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 | | | | |

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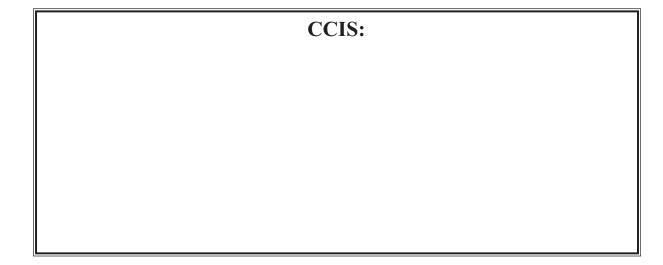
Dear Employer:

One of your employees has requested assistance paying his/her child care costs. We must verify his/her employeem 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 **COMPANY REPRESENTATIVE** (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. You do not need to give a 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 CCIS listed below.



CY 868 5/06 CY 925 4/06