

Employment Verification Form for:

Employee's Name: \_\_\_\_\_  
First Name Last Name

<b>Place of Employment:</b>	<b>Address of Employment:</b>	Employer's Telephone Number (____)____-____
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		_____ Date

THIS SECTION MUST BE COMPLETED BY THE EMPLOYER				
Employer Identification Number (EIN):				
EMPLOYEE INFORMATION:				
Employee's Job Title:		Is the above-mentioned employee newly hired: <input type="checkbox"/> Yes <input type="checkbox"/> No		Employment Start Date: ____/____/____
EMPLOYMENT INCOME:				
HOURLY RATE: \$	AVERAGE DAILY TIPS: \$	GROSS PAY: \$	NEXT PAY DATE: ____/____/____	FREQUENCY OF PAY: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly (26 pays/year) <input type="checkbox"/> Twice a Month (24 pays/year) <input type="checkbox"/> Monthly
THE EMPLOYEE: <input type="checkbox"/> Receives pay stubs <input type="checkbox"/> Does not receive pay stubs <input type="checkbox"/> Receives pay in CASH <input type="checkbox"/> Has access to pay information online via the following website: _____				
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.				
<b>WEEK ONE</b> Dates: from _____ to _____ Mon. 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 Thur. 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 Sun. from ____ A.M/P.M to ____ A.M/P.M TOTAL # HOURS/WEEK: _____		<b>WEEK TWO</b> Dates: from _____ to _____ Mon. 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 Thur. 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 Sun. from ____ A.M/P.M to ____ A.M/P.M TOTAL # HOURS/WEEK: _____		<b>WEEK THREE</b> Dates: from _____ to _____ Mon. 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 Thur. 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 Sun. from ____ A.M/P.M to ____ A.M/P.M TOTAL # HOURS/WEEK: _____
<b>WEEK FOUR</b> Dates: from _____ to _____ Mon. 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 Thur. 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 Sun. from ____ A.M/P.M to ____ A.M/P.M TOTAL # HOURS/WEEK: _____				
Effective Begin Date of Schedule change: ____/____/____				
EXTENDED LEAVE				
Is the employee on extended leave (maternity, disability, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Effective begin date of extended leave: ____/____/____		Date returned from extended leave: ____/____/____
TEMPORARY/SEASONAL EMPLOYMENT				
Is the employee considered to be a temporary hire? <input type="checkbox"/> Yes <input type="checkbox"/> 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 eligibility for subsidized child care.

X \_\_\_\_\_  
Employer's Signature Date

Please Print your name: \_\_\_\_\_ Job  
Title: \_\_\_\_\_

Employee Verification Form

Dear  
Employer:

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

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.

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.

CCIS:

CCIS: