

VERIFICATION OF EMPLOYMENT

Applicant/Co-Applicant Name: _____

In order to determine the eligibility for child care services for the above applicant, please assist by answering the following questions:

THIS SECTION TO BE COMPLETED BY THE EMPLOYER

EMPLOYMENT

Name of Company/Employer: _____

Address: _____

Phone: _____

Email Address: _____

Presently Employed Yes No

Number of Work Hours per Week: _____

Date Employment Started: _____

Date Employment Ended: _____

Receives Paid Time Off (i.e. vacation/sick/snow days): Yes No

Employee Paid: Daily/Per Diem Weekly Bi-Weekly Semi-Monthly Monthly

Rate of Pay \$ _____ per _____ or Annual Salary \$ _____
Hour/Diem/Daily/Bi-weekly/Bi-Monthly/Monthly

Commissions, bonuses, other \$ _____
(Check one) Daily Weekly Bi-Weekly Bi-Monthly Monthly Quarterly Yearly

The above information was provided by:

Signature

Print Name and Title of Individual Completing the Form

Date

I understand that a failure to provide or a deliberate misrepresentation of required information will result in the denial of my application or termination of my child care benefits.

I understand that in order to verify my employment, income and service need, an agency representative will contact my employer. I hereby authorize my employer to release information regarding my income, pay scale, employment hours and schedule of work to the agency to which I am applying.

Applicant/Co-Applicant Signature: _____ **Date:** _____

NOTE: In instances of new employment, the Applicant/Co-Applicant may submit a "Verification of Employment" form or an employment letter on the employer's letterhead which substantially includes all of the information requested in the "Verification of Employment" form as a temporary form of income verification to receive child care services. The Applicant/Co-Applicant will be eligible for 60 days of child care services. To continue to remain eligible for child care services, paystubs must be submitted within 60 days of the CCR&R certification date.