



EMPLOYMENT VERIFICATION

I, _____, authorize the release of information regarding employment to Community Connection for Child Care. This verification is necessary to prove my eligibility and need for childcare. Please complete and return this form, with original signatures, to Community Connection for Child Care, located at _____.

Parent signature

Date

Case manager's name

Case manager's phone number

Bottom portion is to be completed by the employer.

EMPLOYEE INFORMATION:

NAME _____

PHONE NO. _____

ADDRESS _____

POSITION _____

CITY _____

ZIP CODE _____

EMPLOYEE ID _____

SALARY/RATE OF PAY _____

DATE HIRED _____

TERMINATION DATE (if applicable) _____

PAY PERIODS: WEEKLY EVERY TWO WEEKS TWICE MONTHLY ONCE A MONTH

THIS EMPLOYEE MAY RECEIVE: TIPS OVERTIME BONUSES COMMISSION

PLEASE COMPLETE THE FOLLOWING FOR THE APPROPRIATE SCHEDULED HOURS:

(For a variable schedule, give an example schedule)

THIS EMPLOYEE WORKS A:

SET SCHEDULE

VARIABLE SCHEDULE

MONDAY		a.m./p.m.	to		a.m./p.m.
TUESDAY		a.m./p.m.	to		a.m./p.m.
WEDNESDAY		a.m./p.m.	to		a.m./p.m.
THURSDAY		a.m./p.m.	to		a.m./p.m.
FRIDAY		a.m./p.m.	to		a.m./p.m.
SATURDAY		a.m./p.m.	to		a.m./p.m.
SUNDAY		a.m./p.m.	to		a.m./p.m.

COMMENTS _____

EMPLOYER INFORMATION:

COMPANY NAME _____ STREET ADDRESS _____ ZIP _____

NAME OF PERSON COMPLETING FORM (PRINT) _____

CONTACT TELEPHONE TO VERIFY INFORMATION _____

I, (employer's signature) _____ on this date _____, certify that the above is true and accurate for the individual named above.