

EMPLOYEE/EMPLOYMENT VERIFICATION FORM

To be completed by Employer/Supervisor/Authorized Staff ONLY

Name of Employee: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Date of Hire: _____ Hours of Employment: Start Time: _____ End Time _____

Days of Employment: Sun: _____ Mon: _____ Tues: _____ Wed: _____

Thurs: _____ Fri: _____ Sat: _____

If flexible schedule, please list: Minimum hours per week: _____

Monthly Verification Required Maximum hours per week: _____

Seasonal Workers: Months per year (approx): _____

Income Information: Gross monthly income: \$ _____

Hourly rate: \$ _____

Pay Schedule: Please mark one

_____ Semi-Monthly (twice monthly) _____ Weekly _____ Salaried

_____ Bi-Weekly (every other week) _____ Monthly

◆ Does employee receive any other form of payment: overtime: _____ bonus: _____ commission: _____
Incentive: _____ tips: _____ other: _____

◆ How much? _____ How Often? _____

The above information pertains to the employee's eligibility for child care benefits and is subject to review by the State of California representatives and the Child Care Payment Program (CCPP). You may mail this form to CCPP 711 East Main St. Quincy, CA 95971 or you may fax (530)283-3647 attn. CCPP

I declare under penalty of perjury that the above information is true and correct to the best of my knowledge and hereby authorize my employer to release information to the Child Care Payment Program about my employment.

Parent/Guardian Signature Date

Authorized Employer Representative (Signature) Date

Authorized Employer Representative (Print Name)