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: $_____

Weekly rate: $_____

Bi-Weekly rate (every other week) $_____

Semi-Weekly rate (twice a month) $_____

- **Does employee receive any other form of payment (overtime, bonus, commission, incentive, tips, etc.)?** _____Yes _____No
- **If yes, what type?_____ 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. Please return this form in the stamped, self addressed envelope to: Child Care Payment Program, 711 East Main St. Quincy, CA 95971 or you may fax (530)283-3647.

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)