

VERIFICATION OF EMPLOYMENT

STATEMENT OF RELEASE		
I authorize the release of employment verification information to the Contra Costa Child Care Council in order to determine eligibility for child care subsidies provided by the California Department of Education, Child Development Division. I declare under penalty of perjury that the information provided below is true and correct to the best of my knowledge.		
EMPLOYEE NAME (PRINT)	EMPLOYEE SSN OR ID #	EMPLOYEE JOB TITLE
EMPLOYEE SIGNATURE	PHONE #	DATE

COMPANY PERSONNEL/PAYROLL DEPARTMENT USE ONLY
In order to authorize child care services for the above named employee, the following information is needed immediately and must be returned directly to the Contra Costa Child Care Council. Please note that your employee has given permission to release his/her employment or pending employment information.

DATE EMPLOYMENT BEGAN OR WILL BEGIN: ____/____/____ OR DEPARTED OR WILL END: ____/____/____

EMPLOYEE SCHEDULE

Day of Week	Arrival Time	Departure Time	If flexible/vary, please explain:
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

IF EMPLOYEE HAS A FLEXIBLE/VARIABLE SCHEDULE: MINIMUM HOURS PER WEEK _____ MAXIMUM HOURS PER WEEK _____

DOES THE EMPLOYEE WORK OVERTIME? NO YES: PLEASE EXPLAIN _____

EMPLOYEE EARNINGS

SALARY PAYMENT SCHEDULE & GROSS EARNINGS PER PAY PERIOD: (Frequency of employee's pay period – check one)

MONTHLY \$ _____ TWICE A MONTH \$ _____ EVERY OTHER WEEK \$ _____

WEEKLY \$ _____ HOURLY \$ _____ DAILY \$ _____

DOES THE EMPLOYEE RECEIVE PAID OVERTIME? YES NO

DOES THE EMPLOYEE RECEIVE COMMISSIONS, TIPS OR BONUSES? YES NO

IF YES, HOW OFTEN? _____

<i>I declare that the above mentioned information is true and correct to the best of my knowledge.</i>		
Signature Company Representative	Federal Identification Number/Social Security #	
Title	Date	
Print Name	Phone No. ()	Ext.
Name of Company/Employer	Employers hours of operation	
Company Address	City	Zip Code

CHILD CARE COUNCIL USE ONLY
Document verified by _____ on the date of _____ with company/employer representative _____ Title _____.
Is the information true and correct? <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments: _____