

Employment Verification Form for:

Employee's Name: _____

First Name

Last Name

Place of Employment:	Address of Employment:	Employer's Telephone Number (____)____-____
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I authorize the release of this information and give permission to the Child Care Information Services (CCIS) agency to verify all information contained in this form.

X _____
Employee's Signature _____
Date

THIS SECTION MUST BE COMPLETED BY THE EMPLOYER

Employer Identification Number (EIN): _____

EMPLOYEE INFORMATION:

Employee's Job Title: _____ Is the above-mentioned employee newly hired: Yes No Employment Start Date: ____/____/____

EMPLOYMENT INCOME:

HOURLY RATE: \$	AVERAGE DAILY TIPS: \$	GROSS PAY: \$	NEXT PAY DATE: ____/____/____	FREQUENCY OF PAY: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly (26 pays/year) <input type="checkbox"/> Twice a Month (24 pays/year) <input type="checkbox"/> Monthly
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THE EMPLOYEE: Receives pay stubs Does not receive pay stubs Receives pay in CASH Has access to pay information online via the following website: _____

EMPLOYMENT SCHEDULE (Please indicate the days and hours the employee works and indicate whether the hours occur during A.M. or P.M)

NOTE: If the schedule varies, please give a 4-week sample schedule.

WEEK ONE Dates: from _____ to _____ Mon. from _____ A.M/P.M to _____ A.M/P.M Tues. from _____ A.M/P.M to _____ A.M/P.M Wed. from _____ A.M/P.M to _____ A.M/P.M Thur. from _____ A.M/P.M to _____ A.M/P.M Fri. from _____ A.M/P.M to _____ A.M/P.M Sat. from _____ A.M/P.M to _____ A.M/P.M Sun. from _____ A.M/P.M to _____ A.M/P.M TOTAL # HOURS/WEEK: _____	WEEK TWO Dates: from _____ to _____ Mon. from _____ A.M/P.M to _____ A.M/P.M Tues. from _____ A.M/P.M to _____ A.M/P.M Wed. from _____ A.M/P.M to _____ A.M/P.M Thur. from _____ A.M/P.M to _____ A.M/P.M Fri. from _____ A.M/P.M to _____ A.M/P.M Sat. from _____ A.M/P.M to _____ A.M/P.M Sun. from _____ A.M/P.M to _____ A.M/P.M TOTAL # HOURS/WEEK: _____	WEEK THREE Dates: from _____ to _____ Mon. from _____ A.M/P.M to _____ A.M/P.M Tues. from _____ A.M/P.M to _____ A.M/P.M Wed. from _____ A.M/P.M to _____ A.M/P.M Thur. from _____ A.M/P.M to _____ A.M/P.M Fri. from _____ A.M/P.M to _____ A.M/P.M Sat. from _____ A.M/P.M to _____ A.M/P.M Sun. from _____ A.M/P.M to _____ A.M/P.M TOTAL # HOURS/WEEK: _____	WEEK FOUR Dates: from _____ to _____ Mon. from _____ A.M/P.M to _____ A.M/P.M Tues. from _____ A.M/P.M to _____ A.M/P.M Wed. from _____ A.M/P.M to _____ A.M/P.M Thur. from _____ A.M/P.M to _____ A.M/P.M Fri. from _____ A.M/P.M to _____ A.M/P.M Sat. from _____ A.M/P.M to _____ A.M/P.M Sun. from _____ A.M/P.M to _____ A.M/P.M TOTAL # HOURS/WEEK: _____
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Effective Begin Date of Schedule change: ____/____/____

EXTENDED LEAVE

Is the employee on extended leave (maternity, disability, etc.)? Yes No Effective begin date of extended leave: ____/____/____ Date returned from extended leave: ____/____/____

TEMPORARY/SEASONAL EMPLOYMENT

Is the employee considered to be a temporary hire? Yes No If the employee is considered a temporary hire, what is the last date of guaranteed employment? ____/____/____

If the employee is seasonal, please give: Last day of work before break: ____/____/____ Expected date of return following break: ____/____/____

I understand that the information I am providing will be used to determine the above-named employee's eligibility for subsidized child care.

X _____
Employer's Signature _____
Date

Please Print your name: _____ Job Title: _____

Employee Verification Form

Dear Employer:

One of your employees has requested assistance paying his/her child care costs. We must verify his/her employment with you. This information will help us determine if this employee is eligible for the subsidized child care program. The form can be returned to the employee or mailed directly to the Child Care Information Services (CCIS) agency.

An authorized COMPANY REPRESENTATIVE (not the employee) must complete this form.

We must have an accurate record of your employee's work schedule. Please complete the information on the back of this page. It is very important that the hours shown are specific and defined as either A.M. or P.M. (For example, 7:30 a.m. – 3:30 p.m.). If the employee's schedule varies, please give a 4-week sample schedule. **You do not need to give a 4-week sample schedule unless the employee's schedule varies from week to week.**

Thank you for your time and assistance. If you have any questions about how to complete this form, please contact the CCIS listed below.

DELAWARE COUNTY CCIS

Child Care Information Services

20 S. South 69th St. Fourth Floor

Upper Darby, PA 19082

610-713-2115

610-713-2233 (Fax)