

Employment Verification



TO BE COMPLETED BY PARENT

PARENT NAME (PRINT): _____ CASE ID#: _____

COMPANY/EMPLOYER NAME: _____

SUPERVISOR NAME: _____

SUPERVISOR PHONE NUMBER: _____ SUPERVISOR E-MAIL: _____

The named individual above is an applicant/recipient of child care assistance. Regulations require us to verify income for all applicants/recipients. Your company was listed by this person as a current place of employment for a period of less than six weeks. In order to complete program eligibility, it is necessary that we contact you to verify this person's employment details and address.

Please complete the questions on the attached form as fully as possible. Sign, date, and return this information within five (5) days as eligibility must be completed in a timely manner.

The authorization to release information, signed by the applicant/recipient, is included below.

Your cooperation is appreciated.

Information can be provided to:

CAPS Staff Name/ Title: _____ CAPS Staff Phone/E-mail: _____

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AUTHORIZATION TO RELEASE EMPLOYMENT INFORMATION

I, _____, hereby authorize my employer to furnish complete information about my earnings to the Child Care and Parent Services (CAPS) representative listed above.

Signature: _____

Date: _____

(FOR THOSE EMPLOYED WITH CURRENT EMPLOYER FOUR (4) WEEKS OR LESS ONLY)

Employee Information

(To Be Completed by Employer)

Name and address of employee according to your records

Name: _____

Address: _____

Beginning Date of Employment: _____	Employee's Job Title _____
Date of First Pay _____	Expected Gross Amount of First Pay \$ _____
Rate of Pay: \$ _____ per (check one) Hour ___ Week ___ Month ___ Year ___	
Number of Hours Per Week This Employee Works: _____	
Overtime? (Y/N) _____	# Overtime Hours Expected _____
Are employee's work hours expected the change? (Y/N) _____	
If yes, explain _____	
Employee is paid (Check one): Weekly ___ Bi-weekly ___ Semi-monthly ___ Monthly ___ Daily ___	
If the Employee has been terminated, date and reason for termination/separation: _____	

Please complete the following for each pay period the client has worked for you. Please show the date this employee actually **received** the checks.

Pay Period End Date	Date received	# of Hours Worked	Gross Earnings	Net Earnings	Tips (if applicable)

Title of Person Completing Form

Date

Signature

Printed Name

(FOR THOSE EMPLOYED WITH CURRENT EMPLOYER FOUR (4) WEEKS OR LESS ONLY)