

Division of Early Learning Services Early Care and Education

Employment Verification

Riverside County Office of Education, Early Care and Education may provide subsidized child care services to the person listed below. In order to document eligibility and need, we are required to obtain the following information from the employer.

Employee Release of Information (to be completed by employee):							
I,, hereby authorized the Division of Early Learning Services to verify my employment information.							
Employee's Signature			Social Security Number		Date		
THIS SECTION TO BE COMPLETED BY EMPLOYER:							
The company utilizes the services of The Work Number for all information pertaining to employment status. Riverside County Office of Education, Early Care and Education does not have access to employment verification information provided through www.theworknumber.com. If your employer participates in The Work Number, please request your login information and PIN number, from your employer, so that you can access the database.							
	Compan	y Name (as listed w	ith The Work Numb	he Work Number)		Company Code	
This certifies that is employed by							
(Employee Name) (Company Name)							
Work Site Address: Work Site Phone:							
Starting date of employment: Employee is: Permanent Probationary Temporary							☐ Temporary
Employee Paid: Weekly Every other week Twice per month Monthly							
Employee is: Salaried \$ (per month) Hourly \$ (per hour)							
Employee Receives: Tips Commission Overtime pay							
Work Schedule (Select One): ☐ Set Work Schedule (Complete Box A) ☐ Variable Work Schedule (Complete Box B)							
Set Work Schedule (if employee has fixed days and hours of employment):							
Box A	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	From:	From:	From:	From:	From:	From:	From:
	To:	To:	To:	То:	To:	To:	To:
	Variable Work Schedule (if days and hours of employment fluctuate):						
Вох В	Indicate days employee may be scheduled: □ Sunday □ Monday □ Tuesday □ Wednesday □ Thursday □ Friday □ Saturday						
3	Minimum hours per week: Maximum hours per week:						
Supervisor Name (Print):Position:							
Company Physical Address:							
City, State, Zip:							
Company Telephone:							
Supervisor Signature:Date:							
FOR OFFICE USE ONLY: Verified By: Date: Verified With:							