

EMPLOYMENT VERIFICATION

AUTHORIZATION TO RELEASE EMPLOYMENT INFORMATION

Parent/Guardian First and Last Name (Print) _____ Company Phone Number _____

Company Business Name _____ Company Contact Name _____ Fax Number _____

Company Street Address _____ City _____ Zip Code _____

Company Usual Business Days _____ Company Usual Business Hours _____

Check only one box:

- ☐ **Stanislaus County Office of Education has permission to contact my employer** to verify my employment and income information. (Attach paystub and Provide to employer to complete)
- ☐ I declare under penalty of perjury that my employer has refused or failed to provide requested employment information. (Attach paystub & self-complete employer information.)
- ☐ I declare under penalty of perjury that contacting my employer would adversely affect my employment. (Attach paystub and self-complete employer information)

Parent, if requesting additional travel or sleep time,
please also complete request on backside of form.

Parent/Guardian Signature _____ Date _____

EMPLOYMENT INFORMATION

In order to provide childcare services to your employee, we must have verification of their employment. If you have any questions about the completion of this form, please contact a Family Eligibility Specialist at (209) 238-6300.

Date of Hire _____ Employee's Current Position _____ Start Date of Current Position _____ Work Site Location _____

If the employee is returning from a leave, what is the date of return? _____

Specify if the employee works a set or variable schedule:



SET SCHEDULE – Please specify the employee's set work schedule for each day (Example: Monday 8am-5pm)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday



VARIABLE SCHEDULE – Please specify the employee's variable work schedule

Possible days the employee may work (Circle all that apply): M T W Th F Sa Su

Earliest work start time: _____ Latest work end time: _____
(Ex. 6:00am) (Ex. 6:00pm)

Minimum number of hours worked per day: _____ Maximum number of hours worked per day: _____
(Ex. 4 hours) (Ex. 8 hours)

Minimum number of days worked per week: _____ Maximum number of days worked per week: _____
(Ex. 3 days) (Ex. 5 days)

How often does the employee work overtime (Circle): Never Often Occasionally

Specify the employee's wage information:

Paid by: ☐ Paycheck ☐ Cash ☐ Personal Check **Pay Rate:** \$ _____ per _____
(Ex. \$10.00) (Ex. Hour/Day/Week/Month)

Pay Period: ☐ Daily ☐ Weekly ☐ Every two weeks ☐ Twice per month ☐ Monthly

Does the employee receive any of the following: ☐ Overtime ☐ Commission ☐ Tips ☐ Bonus ☐ NA

Name of Person Completing Form _____ Title _____ Signature _____ Date _____

PARTICIPANT ADDITIONAL TRAVEL TIME REQUEST (if applicable)

In order to provide childcare services for travel time, please complete the request below:

Specify the length of time it takes to travel one way to your work site: _____

Please explain why you need travel time to and from your work site: _____

I swear under penalty of perjury, to the best of my knowledge, that the information above is true and correct.

Parent/Guardian Signature

Date

PARTICIPANT SLEEP TIME REQUEST (if applicable)

Sleep time may be requested if a parent works between the hours of 10:00pm - 6:00am. Hours requested may not exceed the equal number of employment and travel time that falls between 10:00pm-6:00am. If applicable, please complete the sleep time request below:

Specify days and hours childcare services are needed so that you can sleep:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

I swear under penalty of perjury, to the best of my knowledge, that the information above is true and correct.

Parent/Guardian Signature

Date

PARTICIPANT JUSTIFICATION FOR CHILDCARE IF WORK SITE IS HOME (if applicable)

Specify if your work address is the same as your residence, the type of work, work requirements, ages of children and conditions that preclude you from caring for your child. _____

FOR OFFICE PURPOSES ONLY

Date Verified	Verified With	Staff Initials	Notes

- ☐ Regular/Stable Schedule (Set Schedule or Variable Schedule with a Pattern)
- ☐ Inconsistent/Unstable Schedule (No pattern. Calculate the maximum number of hours of need based on the week with the greatest number of hours from either month of the two-month window immediately preceding certification)
- ☐ Attestation, if unable to contact employer: I, _____, attest that the reported income and employment is reasonable or consistent with community practice.