CENTRAL UNIFIED SCHOOL DISTRICT – STATE PRESCHOOL

EMPLOYMENT VERIFICATION
(VERIFICACIÓN DE EMPLEO)

- The purpose of this form is for employee qualification into the Central Unified State Preschool Program
- This form is to be completed by the Employer in the event a check stub cannot be attained
- The Employer may contact our office at (559) 274-4700 Ext. 10199 for additional information
- This document may be delivered by the employee or sent by fax to (559) 277-4527 – Attn: Preschool

Name of Employee: _____

Name of Employer: _____

Address: _____ Phone: _____

Supervisor: _____Federal Tax I.D. #_____State Tax I.D. #_____

Date of Hire: _____ Hours of Employment: Start: _____End: _____

Days of Employment: Sun._____Mon._____Tues._____Wed._____Thur._____Fri._____Sat._____

If you are working a flexible schedule, please list: Minimum Hours Per Week: _____

Maximum Hours Per Week: _____

Salary Information: Gross Monthly Salary: $_____

Or Hourly Rate: $_____ X _____ Hours Per Week = $_____

Comments:_____

_____

The above information to the employee's eligibility for child care benefits and is subject to review by the State of California representatives.

I affirm that, to the best of my knowledge, the above information is true and correct.

By my signature, I hereby authorize my employer to release (to Central Unified School District - State Preschool) the information requested.

_____ _____

Parent's/Guardian's Signature Date

_____ _____

Employer's Representative's Signature Date

For Office Use Only/Para Uso De Oficina Solamente

Student's Name:_____

Date Contacted Employer:_____ Person Spoke With To Verify Employment:_____

Employer Verified Gross Monthly Income of: $_____ or Hourly Rate of:$_____ at _____ Hours Per Week