A.C.C.E.S.S.

A Child Care & Education Services System
Child Care Subsidy Programs

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Merced, CA 95341
(209) 381-6790
FAX: (209) 381-6799

☐ 110 West G Street, Suite C
Los Banos, CA 93635
(209) 827-5694
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EMPLOYMENT OR WORK EXPERIENCE VERIFICATION FORM

SECTION A **EMPLOYEE INFORMATION (TO BE COMPLETED BY EMPLOYEE)**

A.C.C.E.S.S. has permission to contact _____(my employer) to verify information on this form.

Parent/Guardian Name (Print)	*Parent/Guardian Signature*	*Date*

SECTION B **EMPLOYER INFORMATION**
(TO BE COMPLETED BY EMPLOYER AND MUST BE FAXED OR MAILED DIRECTLY TO A.C.C.E.S.S.)

EMPLOYMENT RECORD: Hire Date:_____ New Work Schedule:_____ *Effective Date*

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

If the employee is temporary, what are the start and end dates of employment? _____ *Start Date* _____ *End Date*

EMPLOYMENT SCHEDULE:

Does employee have a regular work schedule (approximately the same days and/or hours each week)? ☐ **Yes** ☐ **No**
(If yes, complete Set Schedule; if no, complete Variable Schedule. Please complete one schedule type only.)

FOR SET SCHEDULE: Please specify the work schedule each day: ***(Example: M 11 am – 7 pm)***

S	M	T	W	TH	F	S

Total number of paid hours per week:_____

FOR VARIABLE SCHEDULE: If the employee's work schedule will vary, please answer the following based on what the employee could work:

Circle the possible work days: Su M T W Th F S

Earliest time work begins:_____ Latest time work ends:_____

Minimum number of days per week:_____ Maximum number of days per week:_____

RATE OF PAY $_____ per _____ Total average of paid hours per week: _____

PAY PERIOD: ☐ Weekly ☐ Bi-weekly ☐ Twice a month ☐ Monthly ☐ Unpaid Work Experience

Is it possible that employee could receive any of the following kinds of pay?

☐ Shift ☐ Differentials ☐ Bonuses ☐ Commissions ☐ Tips ☐ Overtime

I certify that the information I have given about the above named employee is complete and accurate, to the best of my knowledge.

Authorized Person (print)	*Company Name / Organization*
Title	*Company Address*
Signature of person completing form	*City, State, Zip Code*
Date	*Phone Number*

(FOR OFFICE USE ONLY)

Date Verified	*Verified With*	*Staff Initials*	*Notes*