

Burbank Unified School District Early Education Center
VERIFICATION OF EMPLOYMENT AND SALARY
This form must have check stubs from the previous month attached.
For Center Use Only – May NOT be removed.

To the Parent / Al Padre/Madre de Familia:

I understand that Burbank Unified School District Child Care Center will contact my employer for verification of employment, salary, and work schedule. This verification is for the sole purpose of determining income eligibility and need for child care services through the California Department of Education. My signature below hereby authorizes the release of information from my employer to the Burbank Unified School District Child Care Center.

Entiendo que el Centro de Atención Unificado de Burbank Escuela Infantil del Distrito se comunicará con mi empleador para la verificación de empleo, el salario y horario de trabajo. Esta verificación es para el único propósito de determinar la elegibilidad de ingresos y necesidad de servicios de cuidado de niños a través del Departamento de Educación de California. Mi firma autoriza la divulgación de la información de mi empleador para el Distrito Escolar de Centro de Cuidado Infantil Unificado de Burbank.

Signature of Parent / Guardian Firma Del Padre/Madre

Date / Fecha

TO BE COMPLETED BY EMPLOYER / B.U.S.D. STAFF MEMBER

Name of Employee: _____ Employee's Position: _____
Name of Employer / Business: _____ Employer's Phone Number / Fax: _____
Employer's Address: _____

How Paid (Check One):

_____ Weekly _____ Every 2 weeks _____ Twice per Month (15th & 30th of Month)
_____ Per Piece _____ Monthly

Number of Hours Employed Per Week: _____ hrs. Hourly Rate / Salary / Per Piece: \$ _____

Hours of Employment: From: _____ a.m. /p.m. To: _____ a.m./p.m.

Varies Each Week: _____ (must attach work schedule for previous month)

Paid In: _____ Cash _____ Check

Days Employed: _____ Mon _____ Tues. _____ Wed. _____ Thu. _____ Fri.

I, _____, attest that the above information is true and accurate
(Employer or B.U.S.D. Staff Member) under penalty of perjury.

Signature of Employer

Name and Title of Employer

Date

Signature of B.U.S.D. Staff

Name of B.U.S.D. Staff Member and Title

Date

Fax or Mail to B.U.S.D. Child Care Center:
Address: 2207 Winona Avenue, Burbank, CA 91504
Fax: (818) 846-6045

For Office Use Only:

Date of Verification: _____ Staff Initials: _____