Department of Human Services • Division of Family Development

NEW JERSEY CHILD CARE ASSISTANCE PROGRAM
VERIFICATION OF EMPLOYMENT FORM

Instructions: Part 1 of this form must be completed by the parent applying for child care assistance to authorize sharing their employment information with the Child Care Resource and Referral agency (CCR&R). Part 2 must be completed by the parent's employer to verify the information the CCR&R needs to determine the parent's eligibility for child care assistance. The employer must submit the completed form directly to the CCR&R.

Part 1: Completed by Parent

Parent Name:		
Street Address:		
City:	State:	Zip Code:

Consent to Release Information

I authorize _____ to disclose and share my information with the agency listed at the bottom of this form.

Parent Signature:	Date:

Part 2: Completed by Employer

Name of Company/Employer:		
Street Address:		
City:	State:	Zip Code:
Email:	Phone:	Fax:

Employment Information

Employee job title/position:	
Presently Employed: ☐ Yes ☐ No	Number of Work Hours per Week:
Date Employment Started:	Date Employment Ended (if applicable):

Indicate How Employee is Paid: ☐ Cash ☐ Personal Check ☐ Business Check ☐ Pay Stub (with paycheck or direct deposit)

Annual Salary: $ _____ or Rate of Pay: $ _____ per the following:

(Check one) ☐ Hour ☐ Daily/Per Diem ☐ Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly

Report commissions, bonuses, other: $ _____

(Check one) ☐ Daily ☐ Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly ☐ Quarterly ☐ Yearly

Employee Receives: ☐ W-2 ☐ 1099 ☐ Other: _____	Employment Period: ☐ 12-Month ☐ 10-Month ☐ Other: _____

If employee is currently on family or medical leave, date of return to work:

The above information was provided by (Employer personnel completing this section)**:**

Print Name: _____ Title: _____

Phone: _____ Email Address: _____

Signature: _____ Date: _____

The employer must submit this form directly to the Child Care Resource and Referral (CCR&R) agency: