

Employment Verification Form for:

Employee's Name:

First Name

Last Name

Place of Employment:

Address of Employment:

Employer's Telephone Number

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I authorize the release of this information and give permission to the Early Learning Resource Center (ELRC) to verify all information contained in this form.

X _____

Employee's Signature

_____ Date

THIS SECTION MUST BE COMPLETED BY THE EMPLOYER

Employer Identification Number (EIN):

EMPLOYEE INFORMATION:

Employee's Job Title:

Is the above-mentioned employee newly hired: ☐ Yes ☐ No

Employment Start Date: ____/____/____

EMPLOYMENT INCOME:

HOURLY RATE:

\$

AVERAGE DAILY TIPS:

\$

GROSS PAY:

\$

NEXT PAY DATE:

____/____/____

FREQUENCY OF PAY:

☐ Weekly

☐ Bi-Weekly (26 pays/year)

☐ Twice a Month (24 pays/year)

☐ Monthly

THE EMPLOYEE: ☐ Receives pay stubs ☐ Does not receive pay stubs ☐ Receives pay in CASH ☐ Has access to pay information online via the following website: _____

EMPLOYMENT SCHEDULE (Please indicate the days and hours the employee works and indicate whether the hours occur during A.M. or P.M.)

NOTE: If the schedule varies, please give a 4-week sample schedule.

WEEK ONE Dates: from _____ to _____

Mon. from _____ A.M/P.M to _____ A.M/P.M

Tues. from _____ A.M/P.M to _____ A.M/P.M

Wed. from _____ A.M/P.M to _____ A.M/P.M

Thur. from _____ A.M/P.M to _____ A.M/P.M

Fri. from _____ A.M/P.M to _____ A.M/P.M

Sat. from _____ A.M/P.M to _____ A.M/P.M

Sun. from _____ A.M/P.M to _____ A.M/P.M

TOTAL # HOURS/WEEK: _____

WEEK TWO Dates: from _____ to _____

Mon. from _____ A.M/P.M to _____ A.M/P.M

Tues. from _____ A.M/P.M to _____ A.M/P.M

Wed. from _____ A.M/P.M to _____ A.M/P.M

Thur. from _____ A.M/P.M to _____ A.M/P.M

Fri. from _____ A.M/P.M to _____ A.M/P.M

Sat. from _____ A.M/P.M to _____ A.M/P.M

Sun. from _____ A.M/P.M to _____ A.M/P.M

TOTAL # HOURS/WEEK: _____

WEEK THREE Dates: from _____ to _____

Mon. from _____ A.M/P.M to _____ A.M/P.M

Tues. from _____ A.M/P.M to _____ A.M/P.M

Wed. from _____ A.M/P.M to _____ A.M/P.M

Thur. from _____ A.M/P.M to _____ A.M/P.M

Fri. from _____ A.M/P.M to _____ A.M/P.M

Sat. from _____ A.M/P.M to _____ A.M/P.M

Sun. from _____ A.M/P.M to _____ A.M/P.M

TOTAL # HOURS/WEEK: _____

WEEK FOUR Dates: from _____ to _____

Mon. from _____ A.M/P.M to _____ A.M/P.M

Tues. from _____ A.M/P.M to _____ A.M/P.M

Wed. from _____ A.M/P.M to _____ A.M/P.M

Thur. from _____ A.M/P.M to _____ A.M/P.M

Fri. from _____ A.M/P.M to _____ A.M/P.M

Sat. from _____ A.M/P.M to _____ A.M/P.M

Sun. from _____ A.M/P.M to _____ A.M/P.M

TOTAL # HOURS/WEEK: _____

Effective Begin Date of Schedule change: ____/____/____

EXTENDED LEAVE

Is the employee on extended leave (maternity, disability, etc.)? ☐ Yes ☐ No

Effective begin date of extended leave: ____/____/____

Date returned from extended leave: ____/____/____

TEMPORARY/SEASONAL EMPLOYMENT

Is the employee considered to be a temporary hire? ☐ Yes ☐ No

If the employee is considered a temporary hire, what is the last date of guaranteed employment? ____/____/____

If the employee is seasonal, please give: Last day of work before break: ____/____/____

Expected date of return following break: ____/____/____

I understand that the information I am providing will be used to determine the above-named employee's eligibility for subsidized child care.

X _____

Employer's Signature

_____ Date

Please Print your name: _____ Job Title: _____

Employee Verification Form

Dear Employer:

One of your employees has requested assistance paying his/her child care costs. We must verify his/her employment with you. This information will help us determine if this employee is eligible for the subsidized child care program. The form can be returned to the employee or mailed directly to the Early Learning Resource Center (ELRC).

An authorized COMPANY REPRESENTATIVE (not the employee) must complete this form.

We must have an accurate record of your employee's work schedule. Please complete the information on the back of this page. It is very important that the hours shown are specific and defined as either A.M. or P.M. (For example, 7:30 a.m. – 3:30 p.m.). If the employee's schedule varies, please give a 4-week sample schedule. **You do not need to give a 4-week sample schedule unless the employee's schedule varies from week to week.**

Thank you for your time and assistance. If you have any questions about how to complete this form, please contact the ELRC listed below.

**Early Learning Resource Center - Region 14
Community Services for Children, Inc.**

**1520 Hanover Ave.
Allentown, PA 18109
FAX: 610-432-0100
Phone: 610-437-6000**

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