

Employment Verification Form for:

Employee's Name: \_\_\_\_\_  
 First Name Last Name

|                             |                               |   |
|-----------------------------|-------------------------------|---|
| <b>Place of Employment:</b> | <b>Address of Employment:</b> | Employer's Telephone Number<br>(____)____-_____ |
|-----------------------------|-------------------------------|---|

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:<br>\$ | AVERAGE DAILY TIPS:<br>\$ | GROSS PAY:<br>\$ | NEXT PAY DATE:<br>____/____/____ | FREQUENCY OF PAY:<br><input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly (26 pays/year) <input type="checkbox"/> Twice a Month (24 pays/year) <input type="checkbox"/> 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 _____       | WEEK TWO Dates: from _____ to _____       | WEEK THREE Dates: from _____ to _____     | WEEK FOUR Dates: from _____ to _____      |
|---|---|---|---|
| Mon. from _____ A.M/P.M to _____ A.M/P.M  | Mon. from _____ A.M/P.M to _____ A.M/P.M  | Mon. from _____ A.M/P.M to _____ A.M/P.M  | Mon. from _____ A.M/P.M to _____ A.M/P.M  |
| Tues. from _____ A.M/P.M to _____ A.M/P.M | Tues. from _____ A.M/P.M to _____ A.M/P.M | Tues. 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  | Wed. from _____ A.M/P.M to _____ A.M/P.M  | Wed. 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 | Thur. from _____ A.M/P.M to _____ A.M/P.M | Thur. 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  | Fri. from _____ A.M/P.M to _____ A.M/P.M  | Fri. 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  | Sat. from _____ A.M/P.M to _____ A.M/P.M  | Sat. 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  | Sun. from _____ A.M/P.M to _____ A.M/P.M  | Sun. from _____ A.M/P.M to _____ A.M/P.M  | Sun. from _____ A.M/P.M to _____ A.M/P.M  |
| TOTAL # HOURS/WEEK: _____                 | TOTAL # HOURS/WEEK: _____                 | TOTAL # HOURS/WEEK: _____                 | 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 12  
Community Services for Children, Inc.**

**Oppenheim Building  
409 Lackawanna Ave  
Scranton, PA 18503**

**Phone: 570-468-8144 | Fax: 570-866-2996**

**[ELRC12@cscinc.org](mailto:ELRC12@cscinc.org)**