Employment Verification

I authorize my employer to release any information regarding my employment requested on this form. This information is necessary to determine eligibility and need for child care services. I also give Marin Child Care Council permission to contact my employer for clarification regarding the information on this form.

Parent _____ Signature _____Date:_____
                   (Print name)

TO BE FILLED OUT BY EMPLOYER:

In order to provide services to our client, we must have verification of their need for services. You will facilitate this process by answering the following questions about the employee named above.

Employment Record:

His/her first date of employment: _____

If the employee is temporary, what are the start/end dates of employment?_____/_____

Employee Schedule: (please fill out ONE section below- *A or B*)

Section A: For parents with regular/**fixed schedules**:

Please specify the regular work schedule each day (example Monday 11am-7pm)
Su_____M_____ T_____ W _____ TH_____ F _____ Sat_____

Total number of paid hours a week: _____

-Or-

Section B: For parents with variable, non-fixed schedules:

If the employee's work schedule can vary, please answer the following based on what the employee could work: **Circle the possible work days**: **Su- M- T- W- TH- F- Sat**

Earliest time work could **begin**: _____ & Latest time work could **end**: _____

Minimum work hours **per week**: _____ & Minimum hours in **a day**: _____

Maximum work hour **per week**: _____ & Maximum hours in **a day**: _____

Payment:

Rate of pay $_____ per _____ Form of payment (circle): **Check/Direct Deposit or Cash**

S/he gets paid (circle): **weekly   every two weeks   twice a month   monthly   other**

It is possible that s/he could receive any of the following type of pay (**circle**)

        Shift differentials   Bonuses   Tips   Commissions   Overtime

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To be filled out by manager, supervisor or HR Dept.

> *I declare under penalty of perjury* that the information I have given on the employee named above is complete and accurate, to the best of my knowledge*.
(Please print or type)

_____   _____
Name of person filling out form   Name of Company/Organization

_____   _____
Title   Phone #   Business Address

_____   _____
Signature & date   City, State Zip

For MC3 use only:

Verified by:_____

Date:_____

Comments:_____

_____