EMPLOYMENT VERIFICATION

I authorize my employer to release any information regarding my employment requested on this form. I also give the KCCD Child Development Program staff permission to contact my employer for any needed clarification.

[ ] Parent Signature

To be filled out by the employer:
In order to provide services to our clients, we must have verification of their need for service. To do so we must have employment verification. You will facilitate this process by answering the following question regarding this employee ____________________________

Name of Employee

Employment Record:
Date of Hire: ____________________________

Employment Schedule:
Does s/he have a regular work schedule (approximately the same hours each day)?  [ ] Yes  [ ] No

If yes, please fill out Section A; if no, please fill out Section B.  (Do not fill out both.)

Section A: Please specify the work schedule each day: Example: M 11 am - 7 pm

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Total number of paid hours per week ____________________________

Section B: If the employee's work schedule will vary, please answer the following based on what the employee could work:

Circle the possible work days: M T W R F S S

1. time s/he could begin and end work: earliest ____________ latest ____________
2. hours worked each day: minimum ____________ maximum ____________
3. days worked per week: minimum ____________ maximum ____________

Payment:
Rate of pay: $ ____________ per ____________

S/he gets paid:  [ ] weekly  [ ] every two weeks  [ ] twice a month  [ ] monthly

I certify that the information I have given about the above named employee is complete and accurate, to the best of my knowledge.

(Please print or type)

Name of Person Completing Form

Name of Company / Business / Organization

Title

Address of Company / Business / Organization

Signature of Person Completing Form

City, State, Zip Code

Date

Company / Business / Organization Telephone Number

CDC USE ONLY:
Days & Hours Verified by:  [ ] Fax (employer cover sheet attached)  [ ] Mailed (employer envelope attached)

[ ] *Phone -- Contact's Name ____________________________ Comments/details of phone verification

Verifier's signature: ____________________________ Date ____________________________

KCCD ChDev (11/08); Rev(6/11); Rev(04/13)