

CHILD CARE SERVICES
EMPLOYMENT/INCOME VERIFICATION

Employee Name: _____ **Case #:** _____

NOTE TO EMPLOYER: This is your authorization to release the information concerning my employment as required below. In order to establish eligibility for child care services, verification of income is needed. Please complete this form as soon as possible as it is required before I, or a member of my family, can be determined eligible for the program.

Your cooperation and prompt return of this information is appreciated.

Thank you,

Signature of Employee Date: _____

Employer's Name: _____

Street Address: _____

City: _____ State: _____ Telephone: _____

TO BE COMPLETED BY THE EMPLOYER

Employment Start Date: ____/____/____ If No Longer Employed, Termination Date: _____
Month/Day/Year

Hourly Income: _____ Average Number of Hours Weekly: _____

Pay Frequency: Weekly Every Two Weeks Twice a Month Monthly

Typical Work Schedule: _____

Name and Title of Employer Representative: _____
(Please Print)

Signature of Employer Representative: _____

Date: _____

Comments:

