



## Employment Verification Form

To be completed with **blue** or **black ink** only. **Please print legibly- no white out allowed**

Dear Employer,

Date: \_\_\_\_\_

In order to determine the eligibility for child care/early learning services, please assist by answering the questions below.

Employee Information - to be completed in full by employer- (income information is needed for the last **4** current and consecutive weeks of pay):

DATE PAY RECEIVED (LIST MOST RECENT PAY PERIOD FIRST)	GROSS EARNINGS BEFORE ANY DEDUCTIONS (INCLUDES OVERTIME, SHIFT DIFFERENTIAL, TIPS, ETC.)	NUMBER OF HOURS WORKED	NET PAY
1)			
2)			
3)			
4)			

Employee Name \_\_\_\_\_ Start Date: \_\_\_\_\_ Employee End Date: \_\_\_\_\_

Check Days Worked: Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____
Work Schedule: From _____ am/pm To _____ am/pm OR Varied Hours: _____
Hourly Wage: \$ _____ # Hours/Week: _____ #Days/Week: _____
Paid: Weekly _____ Bi-Weekly _____ Semi-Monthly _____ Monthly _____
Eligible for overtime? Yes _____ No _____ If yes, how frequent is overtime worked? _____
Eligible for shift differential? Yes _____ No _____

**Employer Information - to be completed in full, signed and dated by employer**

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Employer's Telephone: \_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date