



COMMUNITY CHILD CARE COUNCIL OF SONOMA COUNTY, INC.

131-A STONY CIRCLE SUITE 300, SANTA ROSA CA 95401
 TEL (707) 544-3077 FAX (707) 544-2625
 WWW.SONOMA4CS.ORG

EMPLOYMENT VERIFICATION - PARENT OR CARETAKER EMPLOYMENT

Please print or type information.

DATE:

INSTRUCTIONS

Determining eligibility for child development services requires that the parent or caretaker do the following:

1. Have this form completed by their employer.
2. Return this form within two weeks to 4Cs in order for child development services to be authorized.

AGENCY
 Community Child Care Council (4Cs) of Sonoma County, 131-A Stony Circle, Suite 300, Santa Rosa, CA 95401
 Phone: (707) 544-3077 Fax: (707) 544-2625 Case Manager:

PARENT OR CARETAKER'S NAME (last, first, middle)		TELEPHONE NO. ()
STREET ADDRESS	CITY	ZIP CODE

I hereby authorize my employer to release to Community Child Care Council of Sonoma County the information requested below.
 SIGNATURE OF PARENT OR CARETAKER DATE

EMPLOYMENT INFORMATION

This section is to be completed by employer. All information contained on this form is held in confidence. It is available only to 4Cs employees and appropriate State Department of Education officials in order to justify enrollment for child care services.

NAME OF EMPLOYER		TELEPHONE NO. ()
STREET ADDRESS	CITY	ZIP CODE
DATE EMPLOYMENT BEGAN	GROSS MONTHLY SALARY	EMPLOYEE JOB TITLE
TYPE OF PAY PERIOD (PLEASE CIRCLE) Other: _____		
WEEKLY EVERY OTHER WEEK TWICE-MONTHLY MONTHLY		

DAYS / HOURS OF EMPLOYMENT

FROM:	TO:	FROM:	TO:	FROM:	TO:	FROM:	TO:	FROM:	TO:	FROM:	TO:
Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
											Sunday

If employee has a flexible schedule, please list the: Minimum hours per week _____ and Maximum hours per week _____
 Is employee paid in cash only? Yes No

PRINT NAME AND TITLE OF PERSON COMPLETING THIS FORM

I declare under penalty of perjury that the above information is true and correct to the best of my knowledge.
 SIGNATURE OF PERSON LISTED ABOVE DATE

€ Called Employer to confirm information. _____
 Staff Initials & Date