



Our Mission is to provide access to quality child care and early education in Sonoma County through advocacy, direct service, and empowerment.

EMPLOYMENT VERIFICATION

Case Manager:

ext.

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

- PARENT/GUARDIAN complete and sign SECTION 1
• EMPLOYER complete and sign SECTION 2

Return this original completed form to 4Cs (child development services CANNOT be authorized until form is received).

PARENT/GUARDIAN - SECTION 1

PRINT PARENT/GUARDIAN NAME

TELEPHONE NO. ()

I hereby authorize my employer to release to Community Child Care Council of Sonoma County the information requested below.

SIGNATURE OF PARENT/GUARDIAN

x

DATE

EMPLOYER - SECTION 2 (THIS SECTION IS TO BE COMPLETED BY THE EMPLOYER)

All information contained on this form is confidential and is only available to 4Cs employees and appropriate State Department of Education officials in order to justify enrollment for child care services.

NAME OF EMPLOYER/BUSINESS

TELEPHONE NO. ()

STREET ADDRESS

CITY

ZIP CODE

DATE EMPLOYMENT BEGAN EMPLOYEES JOB TITLE IS EMPLOYEE PAID IN CASH? YES or NO

HOURLY WAGE OR TYPE OF PAY PERIOD: DAILY EVERY OTHER WEEK MONTHLY

GROSS MONTHLY SALARY \$ (MARK ONE) WEEKLY TWICE-MONTHLY

CHOOSE ONE OPTION BELOW:

Employee has a SET SCHEDULE, please specify the days & times of employment (Example: Monday 8:30am - 5:00pm)

Table with 7 columns for days of the week: Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday.

Employee has a VARIABLE SCHEDULE, please list the times and number of hours (Mark ALL possible days of work)

Earliest time work can begin Latest time work can end Monday Tuesday Wednesday

Minimum hours per day Maximum hours per day Thursday Friday Saturday

Minimum hours per week Maximum hours per week Sunday

Average number of hours per week

PRINT NAME OF EMPLOYER COMPLETING THIS FORM

TITLE OF EMPLOYER

I declare under penalty of perjury that the above information is true and correct to the best of my knowledge.

SIGNATURE OF EMPLOYER LISTED ABOVE

x

DATE

For Staff Use Only: Case Manager called employer to confirm information

(Staff Initials & Date)