

## Employment Verification Form

The following information is requested to justify enrollment in a subsidized childcare and development program for your employee's child/ren. All information provided will be held in confidential. Thank you for your assistance.

My signature authorizes Delano Union School District staff to verify information related to my employment.

\_\_\_\_\_  
 Employee/parent name (*please print*)

\_\_\_\_\_  
 Employee/Parent Signature

\_\_\_\_\_  
 Date

**MUST BE COMPLETED BY EMPLOYER ONLY** (Please use BLUE or BLACK ink.)

Employee Name \_\_\_\_\_ Job Title: \_\_\_\_\_

First day of employment (If employed through agriculture, first day returning to work): \_\_\_\_\_

**PLEASE FILL IN ALL HOURS AND DAYS EMPLOYEE WORKS:**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Work begins at							
Work ends at							
Check probable work days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**VARIABLE/FLEXIBLE/ALTERNATING** schedule       **ON-CALL** schedule

Total number of hours typically worked per week: \_\_\_\_\_

Does employee occasionally work extra hours or days?     Yes       No

How often are employees paid?

weekly       every other week       twice a month       monthly

Does employee receive any of the following?     Bonuses     Tips     Overtime     Commissions

Please fill in Gross Monthly Salary \$\_\_\_\_\_ or Hourly Rate \$\_\_\_\_\_

**I declare under penalty of perjury, under the laws of the state of California, that the foregoing is true.**

\_\_\_\_\_  
 Business Name

\_\_\_\_\_  
 Phone

\_\_\_\_\_  
 Fax

\_\_\_\_\_  
 Business Physical Address

\_\_\_\_\_  
 City

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

\_\_\_\_\_  
 Signature (Please use stamp or attach business card)

\_\_\_\_\_  
 Print Name of Employer

\_\_\_\_\_  
 Title

**For Office Use Only \*\*\* DO NOT WRITE BELOW THIS LINE \*\*\* For Office Use only**

Name of Contact \_\_\_\_\_

Notes: \_\_\_\_\_

Date Employment Verified \_\_\_\_\_

DUSD Representative \_\_\_\_\_

Cash

Check

Check Stubs  
 Pending