pennsylvania
DEPARTMENT OF HUMAN SERVICES

Employment Verification Form

EMPLOYER NAME/PLACE OF EMPLOYMENT:	IMMEDIATE SUPERVISOR'S NAME:	IMMEDIATE SUPERVISOR'S TITLE:

I authorize the release of this information and give permission to the Child Care Information Services (CCIS) agency to verify all information contained in this form.

EMPLOYEE'S PRINTED NAME _____ EMPLOYEE'S SIGNATURE _____ DATE _____

THE FOLLOWING SECTIONS MUST BE COMPLETED BY THEIR EMPLOYER

EMPLOYER IDENTIFICATION NUMBER (EIN):	ADDRESS OF EMPLOYMENT:	EMPLOYER'S TELEPHONE NUMBER:
		(_____) _____ - _____

EMPLOYEE INFORMATION

EMPLOYEE'S JOB TITLE:	Is the above-mentioned employee newly hired? ☐ Yes ☐ No	EMPLOYMENT START DATE: _____ / _____ / _____

EMPLOYMENT INCOME

HOURLY RATE:	GROSS PAY:	AVERAGE DAILY TIPS:	NEXT PAY DATE:	PAY FREQUENCY:
$	$	$	___ / ___ / _____	☐ Weekly ☐ Bi-Weekly (26 pays/year) ☐ Twice a Month (24 pays/year) ☐ Monthly

The employee: ☐ receives paystubs ☐ does NOT receive paystubs ☐ has access to pay online via the following website:

EMPLOYMENT SCHEDULE (Please indicate the days and hours the employee works and indicate whether the hours occur during A.M. or P.M.)

NOTE: If the schedule varies, please give a 4-week sample schedule.

WEEK ONE Dates: from: _____ to: _____	WEEK TWO Dates: from: _____ to: _____	WEEK THREE Dates: from: _____ to: _____	WEEK FOUR Dates: from: _____ to: _____
Mon. from _____ a.m./p.m. to _____ a.m./p.m.	Mon. from _____ a.m./p.m. to _____ a.m./p.m.	Mon. from _____ a.m./p.m. to _____ a.m./p.m.	Mon. from _____ a.m./p.m. to _____ a.m./p.m.
Tues. from _____ a.m./p.m. to _____ a.m./p.m.	Tues. from _____ a.m./p.m. to _____ a.m./p.m.	Tues. from _____ a.m./p.m. to _____ a.m./p.m.	Tues. from _____ a.m./p.m. to _____ a.m./p.m.
Wed. from _____ a.m./p.m. to _____ a.m./p.m.	Wed. from _____ a.m./p.m. to _____ a.m./p.m.	Wed. from _____ a.m./p.m. to _____ a.m./p.m.	Wed. from _____ a.m./p.m. to _____ a.m./p.m.
Thur. from _____ a.m./p.m. to _____ a.m./p.m.	Thur. from _____ a.m./p.m. to _____ a.m./p.m.	Thur. from _____ a.m./p.m. to _____ a.m./p.m.	Thur. from _____ a.m./p.m. to _____ a.m./p.m.
Fri. from _____ a.m./p.m. to _____ a.m./p.m.	Fri. from _____ a.m./p.m. to _____ a.m./p.m.	Fri. from _____ a.m./p.m. to _____ a.m./p.m.	Fri. from _____ a.m./p.m. to _____ a.m./p.m.
Sat. from _____ a.m./p.m. to _____ a.m./p.m.	Sat. from _____ a.m./p.m. to _____ a.m./p.m.	Sat. from _____ a.m./p.m. to _____ a.m./p.m.	Sat. from _____ a.m./p.m. to _____ a.m./p.m.
Sun. from _____ a.m./p.m. to _____ a.m./p.m.	Sun. from _____ a.m./p.m. to _____ a.m./p.m.	Sun. from _____ a.m./p.m. to _____ a.m./p.m.	Sun. from _____ a.m./p.m. to _____ a.m./p.m.
TOTAL # HOURS/WEEK: _____	TOTAL # HOURS/WEEK: _____	TOTAL # HOURS/WEEK: _____	TOTAL # HOURS/WEEK: _____

Effective begin date of schedule change:

EXTENDED LEAVE

Is the employee on extended leave (maternity, disability, etc.)? ☐ Yes ☐ No	Effective begin date of extended leave: ___ / ___ / _____	Date returned from extended leave: ___ / ___ / _____

TEMPORARY/SEASONAL EMPLOYMENT

Is the employee considered to be a temporary hire? ☐ Yes ☐ No	If the employee is considered a temporary hire, what is the last date of guaranteed employment? ___ / ___ / _____
If the employee is seasonal, please give: Last day of work before break: ___ / ___ / _____	Expected date of return following break: ___ / ___ / _____

I understand that the information I am providing will be used to determine the above-named employee's eligibility for subsidized child care.

EMPLOYER'S PRINTED NAME & JOB TITLE _____ EMPLOYER'S SIGNATURE _____ DATE _____

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DEPARTMENT OF HUMAN SERVICES

Employment Verification Form

Dear Employer:

One of your employees has requested assistance paying his/her child care costs. We must verify his/her employment with you. This information will help us determine if this employee is eligible for the subsidized child care program. The form must be mailed directly to the Child Care Information Services (CCIS) agency.

An authorized COMPANY REPRESENTATIVE (not the employee) must complete this form.

We must have an accurate record of your employee's work schedule and employment income. Please complete the information on the back of this page. It is very important that the hours shown are specific and defined as either A.M. or P.M. (For example, 7:30 a.m. - 3:30 p.m.). If the employee's schedule varies, please give a 4-week sample schedule. **You do not need to give a 4-week sample schedule unless the employee's schedule varies from week to week**.

Thank you for your time and assistance. If you have any questions about how to complete this form, please contact the CCIS listed below.

CCIS: