

EMPLOYMENT VERIFICATION

PARENT OR GUARDIAN RECEIVING PRESCHOOL OR EARLY CARE SERVICES

INSTRUCTIONS

Determining eligibility for Preschool or Early Care services requires that the parent or guardian do the following:

1. Complete all the information requested from parent/guardian who will receive services.
2. When completed take this form to your employer to complete,
3. Request that your employer or designee verify the days & hours of work, by signing form.
4. This form must be submitted in order to determine need for eligibility of services.

AGENCY UNITED FAMILIES, INC. – PRESCHOOLS & EARLY EDUCATION CENTERS 1561 S. 4 TH STREET – EL CENTRO, CA 92243		TELEPHONE (760) 336-8922 FAX (760) 336-8925	CENTER
PARENT/GUARDIAN (LAST, FIRST, MI)	SSN	TELEPHONE	CHILD'S NAME
STREET ADDRESS		CITY	ZIP

EMPLOYMENT INFORMATION

EMPLOYER		TELEPHONE	
STREET ADDRESS		CITY	ZIP
DATE EMPLOYED	RATE OF PAY – HRLY /SALARY	OVERTIME RATE	OTHER PAY (TIPS, BONUS, COMMISSION, ETC.)
EMPLOYEE IS PAID: PLEASE FILL IN CIRCLE Weekly, Bi-Weekly, Twice a Month, Monthly <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>			

WORK SCHEDULE

DAYS WORKING	TIME IN	LUNCH/BREAK	TIME OUT	HOURS PER DAY
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				

EMPLOYER COMMENTS

I AUTHORIZE MY EMPLOYER TO RELEASE THE ABOVE INFORMATION; I ALSO UNDERSTAND THAT UNITED FAMILIES, INC. CAN CALL TO VERIFY EMPLOYMENT STATUS AT ANYTIME.

SIGNATURE OF PARENT/GUARDIAN	PLEASE PRINT NAME	DATE
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AS AN AUTHORIZED REPRESENTATIVE OF THE ABOVE EMPLOYER, I AM CERTIFYING UNDER PENALTIES PERJURY OF LAW THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF AUTHORIZED EMPLOYER REPRESENTATIVE	PLEASE PRINT NAME	DATE
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OFFICE USE ONLY

DATE	TIME	PRINT NAME	SIGNATURE
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NOTES (USE BACK OF SHEET FOR ADDITIONAL NOTES)