



CHILD CARE SERVICES

Client must sign bottom of form giving permission to release this information.

CCS Employment Verification
To Be Completed by Employer

Thank you for taking the time to complete all the information on this form. Your help is very much appreciated.

Employee Name: _____ Employee Address: _____
Current employee? [] Yes [] No Job Title: _____ Date Hired: _____ Date First Check Received: _____
Former employee? [] Yes [] No Date Separated: _____ Date Final Check Received: _____ Gross Amount: \$ _____
Position Type [] Full-Time [] Part-Time [] Permanent [] Temporary Pay Frequency [] Weekly [] Bi-Weekly [] Twice-A-Month [] Monthly
Rate of Pay \$ _____ per _____ Average Hrs. per Pay Period: _____ Average Hrs. per Week: _____
Commissions, Tips or Bonuses [] Yes [] No Amount: _____ Work Schedule [] Mon [] Tue [] Wed [] Thur [] Fri [] Sat [] Sun
Overtime Pay [] Frequently [] Rarely [] Never Amount: _____ Hours Worked (EXAMPLE 8A-5P): _____
Is/was employee on leave [] Yes (With Pay) [] Yes (Without Pay) [] No Leave Start Date: _____ Leave End Date: _____
Do you expect any changes to the above information? [] Yes [] No If yes, explain: _____

Table with 5 columns: DATE PAY PERIOD ENDED (Recent 3 months if applicable), DATE PAYCHECK RECEIVED, ACTUAL HOURS, GROSS PAY AMOUNT, OTHER PAY* (Tips, Commissions, Bonuses). Multiple empty rows for data entry.

*Comments (Please explain when and how often tips, commissions, or bonuses are received):

This information is true and correct to the best of my knowledge and belief.

Company or Employer: _____ Address: _____

Authorized Personnel Name: _____ Title: _____

Email: _____ Telephone: _____

Signature: _____ Date: _____

I, _____ give my permission to release the information requested on this form.
Yo, _____ doy mi permiso para que mi empleador de la informacion que se pide en esta forma.
Signature/ Firma: _____ Date/Fecha: _____