Olive Tree Learning Academy

VERIFICATION OF EMPLOYMENT

PARENT SECTION:

Family ID: _____

Child: _____

California state law (*5 CCR 18084*) requires that families receiving CSPP early childhood education service document total income. I agree to provide check stubs or other record of wages. **I authorize my employer to release the following information to the early childhood education program named above. I also authorize the early childhood education program to contact my employer to verify any information indicated on this form.**

_____ _____ _____

Parent / Employee Name | Signature of Parent / Employee | Date

EMPLOYER SECTION: *Please complete and return to the location shown above.*

Employer: _____ Phone: _____

Address: _____ Business Hours: _____

Employee Position / Department: _____ Date of Hire: _____

How is the employee paid?

☐Weekly ☐Every 2 Weeks ☐Twice a Month (15th, 30th) ☐Every 4 Weeks ☐Monthly

Paid by: ☐Cash ☐Check GROSS Earnings per Pay Period: _____

Possibility of?

Number of Hours Employed Per Week_____ Hourly Rate $ _____ ☐*Tips* ☐*Overtime*

DAYS AND HOURS OF EMPLOYMENT

HOURS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
FROM:							
TO:							

If working a variable schedule, please check one: ☐Days vary ☐Hours vary ☐Days and hours vary

Please explain: _____

_____ _____ _____

Employer Name/Title | Signature of Employer Representative | Date

OFFICE SECTION:

Means of verification: _____

Notes: _____

Verified By: _____ Date: _____

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