

Employment Verification Form for:

Employee's Name: _____

First Name

Last Name

Place of Employment: _____

Address of Employment: _____

Employer's Telephone Number
() - _____

I authorize the release of this information and give permission to the Early Learning Resource Center (ELRC) to verify all information contained in this form.

X _____ Employee's Signature _____ Date _____

THIS SECTION MUST BE COMPLETED BY THE EMPLOYER

Employer Identification Number (EIN): _____

EMPLOYEE INFORMATION:

Employee's Job Title: _____ Is the above-mentioned employee newly hired: Yes No Employment Start Date: ____/____/____

EMPLOYMENT INCOME:

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

THE EMPLOYEE: Receives pay stubs Does not receive pay stubs Receives pay in CASH Has access to pay information 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.	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.	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.	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.	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.	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.	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.	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: _____	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? ____/____/____ Expected date of return following break: ____/____/____

If the employee is seasonal, please give: Last day of work before break: ____/____/____

I understand that the information I am providing will be used to determine the above-named employee's eligibility for subsidized child care.
X _____ Employer's Signature _____ Date _____
Please Print your name: _____ Job Title: _____

Employee 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 can be returned to the employee or mailed directly to the Early Learning Resource Center (ELRC).

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

We must have an accurate record of your employee's work schedule. 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 ELRC listed below.



**EARLY LEARNING
RESOURCE CENTER**
OFFICE OF CHILD DEVELOPMENT AND EARLY LEARNING

Mail, Fax, Email or Drop-Off to:
Early Learning Resource Center
4893 State Route 30, Suite 1
Greensburg, PA 15601
Phone: 1-800-548-2741
Fax: 724-836-5415
Email: ELRCRegion4@PA.GOV

You can also Drop Off to our Satellite Offices:

Fayette County
35 Morgantown Street,
Suite B
Uniontown, PA 15401

Washington County
148 N. Main Street
Washington, PA 15301