

## EMPLOYMENT VERIFICATION

by Employer Written Statement, Electronic Verification System or Telephone

### AUTHORIZATION TO RELEASE EMPLOYMENT INFORMATION

#### Completed by Employed Parent/Guardian

Complete the Authorization section of this form

Employee First and Last Name (Print) \_\_\_\_\_ Company Phone Number \_\_\_\_\_

Company Business Name \_\_\_\_\_ Company Contact Name \_\_\_\_\_ Email \_\_\_\_\_

Company Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Company Usual Business Days & Hours: \_\_\_\_\_

#### Select One:

- ☐ TLC has permission to contact my employer to verify my employment & income
- ☐ TLC has permission to access my employer's electronic employment verification system.  
Information to verify my employment & income electronically is as follows:

Verification System Web Address: \_\_\_\_\_

Company Code: \_\_\_\_\_ Employee Identification Number: \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

### EMPLOYMENT INFORMATION

#### Completed by Employer

In order to provide services to your employee, we must have verification of their employment.

Employee Current Position \_\_\_\_\_ Hire Date \_\_\_\_\_ Start Date of Position \_\_\_\_\_ Work Site \_\_\_\_\_

#### WAGE/SALARY INFORMATION

Complete employee's wage/salary information

Pay Rate: \$ \_\_\_\_\_ per \_\_\_\_\_  
(Exp. \$15.00) (Exp. Hour/Day/Week/Month)

Circle applicable answers:

Paid by:	Paycheck	Cash	Personal Check		
Pay period frequency:	Daily	Weekly	Every 2 weeks	Twice per month	Monthly
Employee also receives:	Overtime	Tips	Commission	Bonus	None

## WORK SCHEDULE

Complete employee's applicable weekly schedule

### Consistent Schedule

- ☐ Works set days & hours each week. Specify daily schedule (Exp. Mon 8am-5pm):

Day	Start & End Times
	am/pm to am/pm
	am/pm to am/pm
	am/pm to am/pm
	am/pm to am/pm
	am/pm to am/pm

- ☐ Works set number of hours each week, but different days. Specify weekly schedule:

Possible work days (Circle all that apply):	M T W Th F Sa Su
Number of days worked per week (Exp. 4 days per week):	
Number of hours worked per week (Exp. 40 hours per week):	

### Variable Schedule

- ☐ Inconsistent and/or unstable hours and days of work each week. Specify maximum weekly schedule:

Possible work days (Circle all that apply):	M T W Th F Sa Su
Maximum number of days worked per week (Exp. Max of 5 days per week):	
Maximum number of hours worked per week (Exp. Max of 35 hours per week):	

\_\_\_\_\_  
Name of Person Completing

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Thank you for completing this form.** If you have any questions about the completion of this form, contact an Enrollment Specialist at (530) 538-2950.

**Please email completed form to:**

cniswonger@thermalito.org or rsolansky@thermalito.org

**or by mail**

TLC Preschool

2060 6<sup>th</sup> Street

Oroville, CA 95965

### FOR OFFICE PURPOSES ONLY

Date Verified	Verified With	Staff Initials	Notes