

## **Employment Verification**

Child's Name:

Desert Preschool Academy may provide childcare services to parent listed below. In order to document eligibility and need, we are required to obtain the following information from the employer.

| PARENT RELEASE OF INFORMATION   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| I, herby authorize you to provide Desert Preschool Academy wit the following information. |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| Parent Signature Date   |  |  |  |  |  |  |  |
| TO WHOM IT MAY CONCERN (to be filled out by the employer)                                 |  |  |  |  |  |  |  |
| This is to certify that is employed by  |  |  |  |  |  |  |  |
| (Employee Name)   |  |  |  |  |  |  |  |
| Starting date of employment:  |  |  |  |  |  |  |  |
| How often is employee paid: Weekly Every two weeks Twice a month Monthly                  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| Employee is: A salaried employee: \$ per month An hourly employee: \$ per hour            |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| Does employee work overtime hours? Yes, specify hours per week No                         |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| What date was the last salary increase:   |  |  |  |  |  |  |  |
| · · · · · · · · · · · · · · · · · · ·   |  |  |  |  |  |  |  |
| What is the earliest possible date of next salary increase?                               |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| WORK SCHEDULE (to be filled out by the employer):   |  |  |  |  |  |  |  |
| SET SCHEDULE (if the parent's fixed days and hours of employment):                        |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |

| SUN:  | MON:  | TUE:  | WED:  | THU:  | FRI:  | SAT:  |  |  |  |
|---|-------|-------|-------|-------|-------|-------|--|--|--|
| From:   | From: | From: | From: | From: | From: | From: |  |  |  |
| То:   | То:   | То:   | То:   | То:   | То:   | То:   |  |  |  |
|   |       |       |       |       |       |       |  |  |  |
| VARIABLE SCHEDULE (if the parent's days and hours of employment fluctuate): |       |       |       |       |       |       |  |  |  |
| Minimum hours per week: Maximum hours per week:                             |       |       |       |       |       |       |  |  |  |
| Indicate days employee may be scheduled: Sun: Mon: Tue: Wed: Thu: Fri: Sat: |       |       |       |       |       |       |  |  |  |
| Employer/Supervisor Name: (please print)                                    |       |       |       |       |       |       |  |  |  |
| Adress:   |       |       |       |       |       |       |  |  |  |
| City, State, Zip:   |       |       |       |       |       |       |  |  |  |
| Telephone:  |       |       |       |       |       |       |  |  |  |
| Signature of Employer/Supervisor:   |       |       |       |       | Date: |       |  |  |  |
|   |       |       |       |       |       |       |  |  |  |

| FOR OFFICE USE ONLY: Verified by: | Date: | Verified With: | Position: |  |
|-----------------------------------|-------|----------------|-----------|--|
|-----------------------------------|-------|----------------|-----------|--|

I certify under penalty of perjury under the laws of the State of California and the United States that the above is true and correct.