

AUTHORIZATION TO RELEASE EMPLOYMENT INFORMATION

TO BE COMPLETED BY THE PARENT/GUARDIAN

Employee First and Last Name (Print) Company Phone Number
Company Business Name Company Contact Name Fax Number
Company Street Address City Zip Code
Company Usual Business Days & Hours

- Alternative Payment Program has permission to contact my employer to verify my employment & income information.
My employer has refused or failed to provide requested employment information.
Contacting my employer would adversely affect my employment.

Employee Signature Date

EMPLOYMENT INFORMATION

TO BE COMPLETED BY THE EMPLOYER

In order to provide child care & development services to your employee, we must have verification of their employment. If you have any questions about the completion of this form, please contact APP/R&R at (559) 661-0779.

Date of Hire Employee's Current Position Start Date of Current Position Employee Work Site

Specify if the Employee works a set or variable schedule:

SET SCHEDULE - Please specify the Employee's set work schedule for each day (Example: Monday 8am-5pm)

Table with 7 columns: Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday

VARIABLE SCHEDULE - Please specify the Employee's variable work schedule

Possible days the Employee may work (Circle all that apply): M T W Th F Sa Su

Earliest work start time: Latest work end time:

Maximum number of hours worked per day:

Maximum number of hours worked per week:

How often does the Employee work overtime (Circle): Never Often Occasionally

Specify the Employee's wage information:

Paid by: Paycheck Cash Personal Check Pay Rate: \$ per

Pay Period: Daily Weekly Every two-weeks Twice per month Monthly

Does Employee receive any of the following (Circle): None Overtime Tips Commission Bonus

Name of Person Completing Form Title Signature Date

Thank you for completing this form. Please return to Alternative Payment Program by mail, email or fax.

THE WORK NUMBER (if applicable)

TO BE COMPLETED BY THE PARENT/GUARDIAN

If your employer uses The Work Number to complete Employment & Income Verification Forms, complete the following information:

Company Name: _____ Company Code: _____ Your Social Security Number: _____

I swear under penalty of perjury, to the best of my knowledge, that the information above is true and correct.

Parent/Guardian Name (Print) Parent/Guardian Signature Date

PARTICIPANT ADDITIONAL TRAVEL TIME REQUEST (if applicable)

In order to provide child care services for additional travel time that exceeds 30 minutes one way, please complete the request below:

Specify the length of time it takes to travel one way to your work site: _____

Please explain why you need additional travel time to and from your work site: _____

I swear under penalty of perjury, to the best of my knowledge, that the information above is true and correct.

Parent/Guardian Name (Print) Parent/Guardian Signature Date

PARTICIPANT SLEEP TIME REQUEST (if applicable)

Sleep time may be requested if a parent works between the hours of 10:00pm - 6:00am. Hours requested may not exceed the equal number of employment and travel time that falls between 10:00pm-6:00am. If applicable, please complete the sleep time request below:

Specify days and hours child care services are needed so that you can sleep:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

I swear under penalty of perjury, to the best of my knowledge, that the information above is true and correct.

Parent/Guardian Name (Print) Parent/Guardian Signature Date

FOR OFFICE PURPOSES ONLY

Date Verified	Verified With	Staff Initials	Notes

- Predictable Schedule (Set Schedule or Variable Schedule with a Pattern)
- Unpredictable Schedule (Attach a detailed schedule to identify the maximum number of hours of need based on the week with the greatest number of hours within the preceding four weeks)
- Attestation, if unable to contact employer: I, _____, attest that the reported income and employment is reasonable or consistent with community practice.