WORK VERIFICATION CCBG Applicants ONLY

ALL PERSONS 18 YEARS & OLDER MUST COMPLETE A FORM

DO NOT LEAVE ANY BLANK SPACES

EMPLOYER: The information requested on this form is needed to determine eligibility for childcare services. Please provide the information requested. Thank you for your cooperation. Self-employed persons need to provide a copy of their last income tax return.

EMPLOYEE NAME:
_____

1. What date did/does employee start? _____ Hourly Rate: _____
   Month Day Year
2. What is this employee's GROSS salary or wages per pay month? _____
3. Does this employee have any company paid flexible daycare benefits that could be taken in cash? { } Yes { } No, If no, please explain _____ If yes, please give amount $_____ per month.
4. Does this employee receive tips? { } Yes { } No
   If yes, please give approximate $ _____ per month
5. Does this employee work overtime? { } Yes { } No
   If yes, what is the monthly rate? $ _____ per month
6. Does this employee receive non-cash benefits as part of their pay; for example a housing allowance or apartment? If yes, please indicate the monthly cash value $ _____
7. Please complete the following work schedule:

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
START TIME							
END TIME							

If the schedule varies, what is the average number of hours worked per week? _____

Please read and sign: I declare by signing this statement line that the information on this form is TRUE and CORRECT to the best of my knowledge, and that I have the authority to make such verification on behalf of this organization. I understand that because the Childcare Block Grant is a federally funded program, the penalty for providing false information shall not be more than $10,000.00 and/or not more than five (5) years imprisonment.

I certify that this information is rue and correct to the best of my knowledge and that I have the authority to make such verification on behalf of this organization.

_____ _____ _____
Printed Supervisor's Name Title Phone Number

_____ _____
Supervisor's Signature Employer

_____
Employer's Address