

Modoc Child Care Resource & Referral
A Division of T.E.A.C.H., Inc.
112 East 2nd, Alturas, CA 96101
(530) 233-5437 (530) 233-4744 Fax
1-866-571-9703 Toll Free

TO: EMPLOYER'S NAME: _____ DATE: _____
ADDRESS: _____

RE: EMPLOYMENT VERIFICATION FOR: _____
Employee's Name

The following information is requested to justify enrollment in a State Department of Education funded Child Care and Development Program for your employee. All information provided will be confidential and utilized to determine eligibility. We would appreciate your completing this form and returning it to our office ASAP (Child care can not be covered until eligibility is determined).

Our program also requires that all participants submit a time card from their employer, documenting the hours that they worked; for the first month on the program and per request at any time. Please answer the questions below and sign your name verifying that this information is true and correct. If you have any questions about the information requested or about our program please contact our office at 233-5437.

Does your employee fill out a time card each pay period? YES NO

How often is your employee paid? WEEKLY EVERY 2 WEEKS MONTHLY

What day/days of the month is your employee paid? _____

Date employment started: _____
Daily hours of employment: From _____ To _____ Average daily total _____
Days and hours per week: Mon ____ Tues ____ Wed ____ Thur ____ Fri ____ Sat ____ Sun ____
Total average hours per week _____

If the above named employee works a variable schedule please indicate:
Average minimum hours per week _____
Average maximum hours per week _____

Salary: Gross Monthly Salary _____ Or hourly rate of pay _____

Additional comments on average work week or income _____

If your business does not require employees to fill out time cards one will be supplied for them. We will need your signature to verify that the child care hours reported were utilized for employment purposes.

Supervisor's signature (required) _____ Date _____

Phone number where you can be contacted _____