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**EMPLOYMENT VERIFICATION**

Parents must sign signature below to give permission to release information:

By my signature I hereby authorize my employer to release to the West Los Angeles College Child Development Center the information request.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's Name

**TO BE COMPLETED BY EMPLOYER:**

Employee's Full Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_

Date of Hire \_\_\_\_\_ Overtime \_\_\_\_\_ How often? \_\_\_\_\_ Travel time \_\_\_\_\_

**Hours and days of Employment (check all that apply): example: Mon 8-5, Tue 9-1**

Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_

If hours of work vary, please attach weekly schedule.

\_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Seasonal Basis

Salary Information: Gross monthly salary \$ \_\_\_\_\_ Hourly Rate \_\_\_\_\_

**Pay By:** Company Check \_\_\_\_\_ Personal Check \_\_\_\_\_ Cash \_\_\_\_\_

Pay Period \_\_\_\_\_ Weekly (day of the week) \_\_\_\_\_ Bi-weekly (day of the week)

\_\_\_\_\_ Bi-Monthly (days of the month) \_\_\_\_\_ Monthly

**IF EMPLOYEE HAS BEEN TERMINATED PLEASE FILL OUT THE FOLLOWING**

Reason \_\_\_\_\_

Date of Termination \_\_\_\_\_

The above information pertains to the employee's eligibility for the childcare benefits and is subject to review by the State of California representatives.

I affirm that, to the best of my knowledge, the above information is true and correct.

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**Print Name**

**Title**

**Employer Rep. Signature**

**Date**

## **AUTHORIZATION TO DISCLOSE**

To Whom It May Concern:

The undersigned applicant (s) has applied for childcare services in a subsidized program. You are hereby authorized to release any information required by West Los Angeles College Child Development Center to complete the processing of the family eligibility. Necessary information is required to determine family eligibility by applicant's salary and work hours.

Your prompt reply will help determine the family's eligibility.

Thank you for your cooperation.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Employer Signature** \_\_\_\_\_ **Date** \_\_\_\_\_