



# Child Care Employment Verification

Child's Name: \_\_\_\_\_ EHS Site: \_\_\_\_\_

## **TO BE COMPLETED BY EMPLOYEE/EHS PARENT**

I authorize the release of employment information to Fresno EOC Early Head Start program. This information will only be used to assist in determining my family's need for child care services.

Print Name \_\_\_\_\_ Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Employer/Name of Business: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ \*Phone Number: \_\_\_\_\_

## **TO BE COMPLETED BY THE EMPLOYER**

**Date of Hire:** \_\_\_\_\_ **Employed to work:**  Full-Time  Part-Time  
If employed to work Seasonal/Temporary what is the estimated date work will end: \_\_\_\_\_

Employee's Work Schedule			
Day of the Week	Start Time	Departure Time	
<b>Monday</b>		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<b>Tuesday</b>		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<b>Wednesday</b>		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<b>Thursday</b>		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<b>Friday</b>		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<b>Saturday</b>		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<b>Sunday</b>		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<b>Number of hours scheduled to work each week:</b>			

Supervisor or HR Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_

Feel free to attach a business card

### **EHS Staff Use Only**

Verified by EHS FCP/ERSEA Coordinator:	Date Verified:	Verification Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Submit more documentation	Re-Submission Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:
Comments/ Follow-Up Notes:		Plan of Action: <input type="checkbox"/> Conditional Enrollment Plan <input type="checkbox"/> Insufficient Verification <input type="checkbox"/> Home Visitation Offered	Employer Contacted: Date: