



## **CCTR - INFANT/TODDLER**

Child Name:	ne: Center Name:						
AUTHORIZATION AU		EMPLOYMEN E EMPLOYMENT IN			Y PARENT/GUARI	DIAN	
Employee First and La	Company	Company Phone Number					
Company Business Name		Company	Company Contact Name			Fax Number	
Company Street Address		City	City			Zip Code	
Company Usual Busin	S S						
☐ Fresno EOC has per Fresno EOC tiene pe						os.	
Employee Signature		Date					
☐ Employer refused to	provide requeste	ed employment Info	rmation. (Attach	paystub & self-c	complete employer	information.)	
☐ Contacting my emplo	yer would adver	sely affect my emplo	oyment. (Attach	paystub & self-c	omplete employer i	nformation.)	
EMPLOYMENT INFORMATION: completed by employer or by telephone with CSPP Liaison							
In order to provide child you have any questions							
☐ SET SCHEDULE - PIe							
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
			,				
□ VARIABLE SCHEDUL	E - Please specif	fy the employee's va	riable work sch	edule. Possible o	days the employee	may work	
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Earliest work start time:  (Example 8:00am)  Latest work end time:  (Example 5:00pm)  Number of hours worked per day:  (Example 8 hours)							
Does the employee wor	k overtime:	☐ Never	☐ Often	□ Occas	sionally?		
EMPLOYEE WAGE INFO	RMATION:						
Paid by: ☐ Paycheck ☐ Cash ☐ Personal Check Pay Rate: \$ (Exp. \$10.0					per (Exp. Hour/E	Day/Week/Month)	
Pay Period: ☐ Daily	☐ Weekly	☐ Every-two weeks	☐ Twice-pe	er month 🗆 N	Monthly		
Does employee receive	any of the follow	ring: 🗆 Overtime	e 🗆 Commis	sion   Tips	☐ Bonus	☐ None?	
Name of Person Comp	Signatu	Signature			Date		
Thank you for comple Fax: (559) 262-1677 Mail: Fresno EOC Sta	_	_	-		93721		

Attention: Helen Uyeda, Braided Funding Manager