

Thank you for filling this form out for your employee!

VERIFICATIONS OF EARNINGS AND WORK SCHEDULE

RELEASE

I give permission for (employer) _____ to release this information to Summit County Department of Human Services and the Summit Head Start 0-5 program.

Client's signature: _____ Date: _____

This section should be filled out by the employer.

Employee Name (Print): _____ Position: _____

Business Name: _____ Address: _____

A. If currently employed by your firm:

Date hired: _____

Day of week paid: _____

Hourly wage: \$ _____

AVERAGE hours worked per week: _____

Date of 1st check/payment: _____

Pay Periods (mark one):

Once a month _____ Once a week _____ Every 2 weeks _____ Twice a month _____

Once a week _____ Every two weeks _____ Twice a month _____ Other _____

B. Work Schedule: Please be specific and state ALL possible shifts and/or hours and days if schedule varies.

| Day | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-----------|--------|---------|-----------|----------|--------|----------|--------|
| Schedule | | | | | | | |
| # Hours | | | | | | | |
| Comments: | | | | | | | |

C. Seasonality/Fluctuations in Work

Would you consider this job to be seasonal/fluctuate with seasons? Yes or No (circle one)

If yes, please estimate the number of hours you "anticipate" this employee to work each month during high season and low season:

High season months: _____ Average hours worked per week: _____

Low season months: _____ Average hours worked per week: _____

Signature of employer/representative: _____ Date: _____

Please print the name of the employer/representative: _____

Title: _____

Email of employer: _____ Phone of employer: _____

Please complete and return this form in 5 days to the fax number 970-668-4114. Thank you for your cooperation. If you need additional information to complete this form, please contact Ivana Barrio, CCCAP Case Manager at 970-668-9722 or Sarai Sotelo, CCCAP Case Manager at 970-668-9163.