



# Community Child Care Council (4Cs) of Alameda County

## VERIFICATION OF EMPLOYMENT

I, \_\_\_\_\_, authorize my employer to release my employment information to 4Cs of Alameda County

Parent Name: _____		Job Title: _____	
Parent Signature: _____		Date: _____	Phone: ( ) _____
Address _____		City: _____	State Zip: _____

**THIS AREA BELOW MUST BE COMPLETED BY THE SUPERVISOR**

Company Name: _____		Company Employer Identification Number _____	
Address: _____	City: _____	State: _____	Zip: _____ Phone: ( ) _____
Name of Supervisor: (please print): _____		Title of Supervisor: _____	
Supervisor Signature: _____		<i>I affirm that, to the best of my knowledge, that the above information is true and correct</i>	

**Actual Worksite Location if different from the above address:**

Address: _____	City: _____	State: _____	Zip: _____	Phone: _____
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Date of Hire: \_\_\_\_/\_\_\_\_/\_\_\_\_ Is the employee returning from leave  Y  N Employment Termination Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Is this Temporary Employment  Y  N Change of Work Schedule Effective: \_\_\_\_/\_\_\_\_/\_\_\_\_

Average Number of Hours Per Week: \_\_\_\_\_ Rate of pay: \$ \_\_\_\_\_ Tips: \$ \_\_\_\_\_ Gross Monthly Income: \$ \_\_\_\_\_

Employee is paid by:  Payroll check  Personal check  Cash Employer is withholding Taxes Yes  No   
 Days Vary  Hours Vary  Both days and hours vary Average number of days work per week \_\_\_\_\_

Pay Schedule (please check one)  Daily  Weekly  Bi-Weekly  Twice Monthly  Monthly

**Work Schedule**

I worked the same days **AND** hours each week?  If Yes (complete Section A)  If No (complete Section B)

**Section A**

Monday \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm  
 Tuesday \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm  
 Wednesday \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm  
 Thursday \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm  
 Friday \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm  
 Saturday \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm  
 Sunday \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

OR

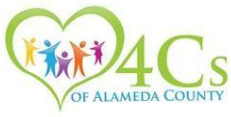
**Section B**

Hours & Days vary each week:  Schedule Rotation  
 Max. hours per week: \_\_\_\_\_  
 Max. days per week: \_\_\_\_\_  
 I worked the same hours each week, but different days.  
 State the hours: \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm  
 I work the same days, but different hours each week.  
 Circle the days: M T W R F SA SU

\*\*\*\*Office Use Only \*\*\*\* Office Use Only \*\*\*\* Office Use Only \*\*\*\* Office Use Only \*\*\*\* Office Use Only \*\*\*\*

1 <sup>st</sup> Contact Person: _____	Verified Employment Date: ____/____/____	Staff Initials: _____	Number of calls to employer _____
Certificate Start Date: ____/____/____	Certificate Stop Date: ____/____/____	CCRF Stop Date: ____/____/____	Re-Certification ____/____/____
2 <sup>nd</sup> Contact Person: _____	Verified Employment Date: ____/____/____	Staff Initials: _____	Number of calls to employer _____
Certificate Start Date: ____/____/____	Certificate Stop Date: ____/____/____	CCRF Stop Date: ____/____/____	Re-Certification ____/____/____

**DO NOT FAX THIS FORM. PLEASE RETURN THE ORIGINAL FORM WITH PAYSTUBS**



# Community Child Care Council (4Cs) of Alameda County

## AUTHORIZATION TO RELEASE INFORMATION

**Business/School//Licensed  
Professional's Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**Usual Business Hours** \_\_\_\_\_

**Purpose:** In signing this consent form, you are authorizing the Community Child Coordinating Council of Alameda County (4Cs) to request information (as specified) from the employer/school or licensed professional. 4Cs will use this information to determine the participant's eligibility. The use or disclosure of financial, school enrollment/ training forms, progress report/grades, nature/definition of current mental or physical incapacity or other information maintained in the individual data file concerning participants and their families will be limited to purposes directly connected with the administration of this child development program.

**Program Type:** This information may be used for applicants or participants of the following programs:

**CalWORKs Child Care Stage I, II, & III Program  
Alternative Payment Programs  
Center Based Programs**

**Uses of information to be Obtained:** 4Cs is required to protect the information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552A.

**Authorization:** I authorize 4Cs to obtain Employer/School information to continue my need & eligibility for child care services pertaining to the following:

- Hours & Days of Employment
- Income Verification
- School Enrollment Status
- Progress Report/Grades
- School Completion Date
- Hours & Days or Child Care Required
- Nature of Incapacity
- Probable Dates of the Incapacity
- Hours & days child care is needed for incapacity

Participant's Name (Print)	Participant's Signature	Date

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