



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

Providing Services to Families, Children, and Childcare Professionals since 1972

## PARENT VERIFICATION OF EMPLOYMENT

I, \_\_\_\_\_, authorize my employer to release my employment information to 4C's 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: \_\_\_\_\_ The Work Number Company Code or IHSS Recipient Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Name of Supervisor: (please print): \_\_\_\_\_ Title of Supervisor: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ *I affirm that, to the best of my knowledge, that the above information is true and correct*

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

|                |             |              |            |              |
|----------------|-------------|--------------|------------|--------------|
| Address: _____ | City: _____ | State: _____ | Zip: _____ | Phone: _____ |
|----------------|-------------|--------------|------------|--------------|

Date of Hire: \_\_\_\_/\_\_\_\_/\_\_\_\_ Is the employee returning from leave  Y  N Employment Termination Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Is this Temporary Employment  Y  N Returning to work or 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

*Providing Services to Families, Children, and Childcare Professionals since 1972*

## 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 (4C's) to request information (as specified) from the employer/school or licensed professional. 4C's 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:** 4C's is required to protect the information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552A.

**Authorization:** I authorize 4C's 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

|                           |                        |      |
|---------------------------|------------------------|------|
| Participants Name (Print) | Participants Signature | Date |
|---------------------------|------------------------|------|

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

22351 City Center Drive Suite 200 Hayward, CA 94541 Phone (510) 584-3102 Fax (510) 582-0558 \*\* 8105 Edgewater Drive Suite 270 Oakland, CA 94621 Phone (510) 383-3582 Fax (510) 383-3518

Rev 06/10/15 CH