



**CHEMUNG
COUNTY
CHILD CARE
COUNCIL, INC.**

Leading The Way To Child Care That Works

1580 Lake Street – Suite 200 Elmira, New York 14901 (607) 734-3941 Fax: (607) 737-7293

Employment Verification Form

I authorize my employer's payroll department or HR department to release the information requested on this form to the Chemung County Child Care Council.

TO BE COMPLETED BY CHILD CARE ASSISTANCE PROGRAM APPLICANT/EMPLOYEE

Child Care Assistance Program Applicant Parent Name:(Please Print) _____

Employer: _____

Employer address: _____

Employer Phone Number: _____

Employee Signature

Date

TO BE COMPLETED BY EMPLOYER

Employee's Name: _____ Position: _____

Hire Date: _____ Leave Date: _____ Return Date: _____

Hourly Rate of Pay: \$ _____ Is overtime required? _____ If so, how often? _____

Employees Weekly Work Schedule:

<i>Week Day</i>	<i>Schedule</i>
MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	
SATURDAY	
SUNDAY	

If the employee works a varied schedule please explain (Please list all shifts the employee can work): _____

Print name of person completing this form: _____ Title: _____

Signature of person completing this form: _____ Date: _____

Employers contact information: _____

EMPLOYER MUST COMPLETE AND RETURN THIS FORM TO THE CHILD CARE COUNCIL by the due date of _____.

The Child Care Council will accept submissions of this form via mail to the address at the top of this form or by email to subsidyapplications@chemchildcare.com. THANK YOU.

***WARNING: PURSUANT TO SECTION 175-35 OF THE PENAL LAW, A PERSON WHO INTENDS TO DEFRAUD THE STATE OR ANY POLITICAL SUBDIVISION THEREOF BY OFFERING OR PRESENTING A WRITTEN INSTRUMENT WHICH HE OR SHE KNOWS CONTAINS A FALSE STATEMENT OR FALSE INFORMATION TO A PUBLIC OFFICE WILL BE FILED WITH, REGISTERED OR RECORDED IN OR OTHERWISE BECOME A PART OF THE RECORDS OF SUCH PUBLIC OFFICE OR PUBLIC SERVANT, IS GUILTY OF A CLASS "E" FELONY CARRYING A POSSIBLE SENTENCE OF 4 YEARS IN PRISON, A \$5,000 FINE, OR BOTH.**