

Chemung County Child Care Council, Inc.  
1580 Lake Street – Suite 200  
(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.

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**TO BE COMPLETED BY CHILD CARE ASSISTANCE PROGRAM APPLICANT/EMPLOYEE:**

Child Care Assistance Program Applicant Parent Name:

\_\_\_\_\_

Employer: \_\_\_\_\_

Employer address: \_\_\_\_\_

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**Employee Signature**

**Date**

**TO BE COMPLETED BY EMPLOYER:**

Employee's Name: \_\_\_\_\_ Position: \_\_\_\_\_

\_\_\_\_\_

Hire Date: \_\_\_\_\_ Leave Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

\_\_\_\_\_

Employees Weekly Work Schedule:

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

If the employee works a varied schedule please explain:

\_\_\_\_\_

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

If employment temporary? \_\_\_\_\_ If so what is the expected end date? \_\_\_\_\_

Print name/title of person completing this form: \_\_\_\_\_

Signature person completing this form: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN TO THE CHILD CARE COUNCIL – Fax: 607-737-7293 or by mail to the address at the top of this form. THANK YOU.**