



Child Development Center

18422 Bear Valley Rd.
Victorville, Ca 92345
760.245-4271 ext. 2618

TRAINING / EMPLOYMENT VERIFICATION

(to be completed by Immediate Supervisor)

Name of Employee: _____

Place of Employment or training: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (_____) _____ Tax I.D. _____

DAYS AND HOURS OF TRAINING OR EMPLOYMENT

Variable/ On Call If variable/on call schedule, please list: Minimum hours per week _____

-Or - Maximum hours per week _____

DAYS	START TIME	END TIME	TOTAL HOURS PER DAY
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			
TOTAL HOURS PER WEEK			

Salary Information:

Gross monthly salary: \$ _____

Hourly rate: \$ _____

Weekly rate: \$ _____

Bi-Weekly rate (every other week): \$ _____

Bi-Monthly (twice a month): \$ _____

Does the employee receive any other form of payment? Yes No

If yes, what type? _____ How much? \$ _____

The above information pertains to the employee's eligibility for child care benefits and is subject to review by State of California representative

I affirm that, to the best of my knowledge, the above information is true and correct.

Parent / Guardian Signature Date

Authorized Employer Representative Title Date

OFFICE USE ONLY	Verified by: _____	Date: _____
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