Mt San Jacinto Community College
Child Development and Education Lab Center

EMPLOYMENT VERIFICATION

Required by California Department of Education Child Care and Development Regulations Section 18083 & 18084

PARENT AUTHORIZATION (to be filled out by parent):

I, _____ , hereby authorize you to provide the *Child Development and Education Center* with the following information.

_____ _____ _____
Parent's Signature Social Security Number Date

TO WHOM IT MAY CONCERN (to be filled out by the employer):

The *Child Development and Education Program* will provide child care services to the parent named above while she/he works.

In order to document eligibility, we need the following information:

This is to certify that _____ is employed by
(Employee Name)

_____. Starting date of employment: _____
(Company Name)

How often is employee paid: ☐ Weekly ☐ Every two weeks ☐ Twice a month ☐ monthly

Employee is: ☐ A salaried employee: $_____ per month ☐ An hourly employee: $_____ per hour

Does employee receive: ☐ Tips ☐ Commission ☐ Overtime pay

Does employee work overtime hours? ☐ Yes ☐ No If yes, specify hours per week _____

WORK SCHEDULE (to be filled out by the employer)

SET SCHEDULE (if parent has fixed days and hours of employment):

SUN:	MON:	TUE:	WED:	THU:	FRI:	SAT:
From: _____	From: _____	From: _____	From: _____	From: _____	From: _____	From: _____
To: _____	To: _____	To: _____	To: _____	To: _____	To: _____	To: _____

VARIABLE SCHEDULE (if the parent's days and hours of employment fluctuate):

Minimum hours per week: _____ Maximum hours per week: _____

Indicate days employee may be scheduled: Sun: __ Mon: __ Tues: __ Wed: __ Thu: __ Fri: ___ Sat: ___

Employer/Supervisor Name: (please print) _____

Address: _____

City, Sate, Zip: _____

Telephone: _____

Signature of Employer/Supervisor: _____, Date: _____

FOR OFFICE USE ONLY: Verified By: _____ Date: _____ Verified With: _____ Position: _____