

Early Childhood Learning Center



State Preschool Employer Verification

By my signature, I hereby authorize my employer to release information regarding my employment. I also give permission to State Preschool staff to contact my employer for any clarification regarding the information on this form.

Parent Signature

Date

Name of Employee: _____

Employer: _____

Address: _____ Phone: _____

First day of employment: _____

Employment Schedule:

- This employee has a regular work schedule (approximately the same hours each day and the same days each week). Please specify days and hours below.

M	T	W	Th	F	Sa	Su
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- This employee has a varied work schedule. Please answer the following:

Circle the possible work days: M T W Th F Sa Su

Least number of hours per day: _____

Most number of hours per day: _____

Least number of days per week: _____

Most number of days per week: _____

Rate of pay: \$_____ per hour week pay period month other _____

Paid by check cash

Pay Period: Daily Weekly Every 2 weeks Monthly Other _____

Pay can include Tips Commission Other _____

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

Employer Signature

Date

The above information was verified per phone by

Staff Signature

Date