Office Use Only

CHILD CARE ASSISTANCE PROGRAM

Division of Public Assistance
Child Care Program Office

EMPLOYMENT STATEMENT

Proof of Eligible Activity and Income
Proof of your activities, earnings and wages is required to determine your eligibility for program participation. If you have employment during the two most current months prior to your application submission, you are required to provide the paystubs instead of this form unless something has changed with your job. You can provide this information to your caseworker or your employer can contact your caseworker directly. This form can be used as a way of providing the required information. **This form is not mandatory**. To use this form, fill out the Employee Section and ask your employer to fill out the Employer Section, sign, and fax it to your caseworker. **If your employer does not provide this information, it is ultimately your responsibility to ensure the information is provided to the Child Care Assistance Program timely.** If you fax the information, it is recommended you obtain and retain the fax confirmation verifying the fax was transmitted successfully and received timely.

Employee Section: With my signature, I authorize the employer listed to release information requested on this form to the Child Care Assistance Program.

Employee Name:_____ Employee Signature:_____

Place of Employment:_____ Social Security Number, optional:_____

Employer Section: to be completed by Employer's Human Resource or Payroll Representative. Once completed please fax to the number listed at the bottom of this form.

Employer Representative's Printed Name:_____ Title:_____

Employer Representative's Signature:_____ Phone Number:_____

Employment Start Date:_____ Date First Pay Issued:_____

Employee's Gross Monthly Note: Every two weeks and twice a month are different. Please be certain of the pay frequency before checking the box. Does this person have hourly or salary wage? (pick only one):

☐ Hourly Rate:$_____ Paid: ☐ Weekly ☐ Monthly ☐ Every Two Weeks (same day of the week)
☐ Twice a Month (such as the 5th and the 20th)

☐ Salary Rate: $_____ Paid: ☐ Weekly ☐ Monthly Every Two Weeks (same day of the week)
☐ Twice a Month (such as the 5th and the 20th)

Employment is: ☐ Full Time ☐ Part Time ☐ Temporary ☐ On-Call ☐ Seasonal

Employee's Typical Schedule of work days and times:

Mon:_____ Tues:_____ Wed:_____ Thurs:_____

Fri:_____ Sat:_____ Sun:_____

Typical number of regular hours worked per pay period: _____

Employee's Typical Schedule of work days and times varies:

Least number of work days in a week:_____ Maximum number of work days in a week:_____

Least number of work hours in a day:_____ Maximum number of work hours in a day:_____

Tips $_____ Is this earned ☐ Monthly or ☐ Weekly or Other_____

Room and Board $_____ Is this earned ☐ Monthly or ☐ Weekly or Other_____

Commissions $_____ Is this earned ☐ Monthly or ☐ Yearly or Other _____

Bonus $_____ Is this earned ☐ Monthly or ☐ Yearly or Other _____

Other Compensation $_____ Is this earned ☐ Monthly or ☐ Yearly or Other _____

If Individual is no longer Employed:

Last Date Worked:_____ Date Final Pay Issued:_____ Gross Amount of Final Pay:_____

If only verifying Employee's Work Location:

Work Location (City/Sate):_____ Date began at this location:_____

Family ICCIS ID Number:_____

Child Care Assistance Program Caseworker Printed Name:_____

Phone:_____ Fax:_____