



## Employment/ Income Verification

### SECTION 1: PARENT AUTHORIZATION (This section to be filled out by the parent):

I, \_\_\_\_\_, hereby authorize my employer (or contractor) listed below, to provide Children's Home Society of California (CHS) with the information requested in Section 2 on this form.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

Name of Employer/Contractor: \_\_\_\_\_

Employer/Contractor's Usual Days and Hours of Operation: \_\_\_\_\_

Phone Number of Employer/Contractor: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Address of Employer/Contractor: \_\_\_\_\_

Street Address

City

State

Zip Code

Email of Employer/Contractor (optional): \_\_\_\_\_

**PARENT:** After completing Section 1 above, either return this form directly to CHS or forward this document to your employer to complete Section 2 and submit to CHS. CHS will contact your employer directly to request and verify the information below.

### SECTION 2: EMPLOYER VERIFICATION (This section must be completed by the employer or contractor):

Employer: Please verify the information in Section 1, above, and make any corrections if necessary. In addition, please provide the information below. Thank you for assistance with providing this information.

The individual indicated above is:  Employed as a (**Position Held:**) \_\_\_\_\_

A contractor/consultant

Self-employed and provides services including (Describe services rendered below): \_\_\_\_\_

**Employment/Contract Start Date:** \_\_\_\_\_ **Rate of Pay:** \$ \_\_\_\_\_ per: hour / day / week / month

**How often paid:**  Weekly  Every two weeks  Twice a month  Monthly  Commission Only  Per Diem

**Method of Payment:**  Cash  Check **Does employee receive:**  Tips  Commission  Overtime Pay  Bonus

**Does employee work overtime hours?**  No  Yes If Yes, specify hours/days per week \_\_\_\_\_

Does employee have an unpaid lunch break?  No  Yes If Yes, specify minutes per day \_\_\_\_\_

**WORK SCHEDULE:** Complete *either* the "Scheduled" *or* "Variable" work schedule below.

**Scheduled Days and Hours Worked** (complete this section only if the parent has fixed days and hours of work):

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

-OR- **Work Week Cycle – Variable Schedule** (complete this section only if the parent's work days and hours change):

**Number of Hours per Week Minimum:** \_\_\_\_\_ **Maximum:** \_\_\_\_\_ **Maximum Days per Week:** \_\_\_\_\_

**Check any days work may be scheduled (include overtime):**  Sun  Mon  Tue  Wed  Thu  Fri  Sat

**Work may be scheduled between the hours of (earliest to latest) \_\_\_\_\_ and \_\_\_\_\_**

Verification from Employer: By signing below, I declare under penalty of perjury this information is true and correct according to our employee records, and that I am the authorized party to give this information on behalf of my employer/company.

**Supervisor Name:** \_\_\_\_\_ **Title/Position:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Signature of Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### FOR CHS OFFICE USE ONLY:

Verified By: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Verified With: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Position: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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Notes: \_\_\_\_\_

Primary Parent  Secondary Parent  Other:

Staff Initials: \_\_\_\_\_