



Employment/ Income Verification

SECCIÓN 1: AUTORIZACIÓN DEL PADRE (Esta sección debe ser llenada por el padre):

Yo, _____, autorizo a mi empleador (o contratista) anotado a continuación, que le proporcione a Children's Home Society of California (CHS) con la información solicitada en la sección 2 de este formulario.

Firma del Padre

Fecha

Nombre del empleador/ contratista: _____

Días y horarios habituales del empleador/contratista: _____

Número de teléfono del empleador/contratista: _____ Número de Fax: _____

Domicilio del empleador/contratista: _____

Domicilio

Ciudad

Estado

Código Postal

Correo electrónico del empleador/contratista (opcional): _____

PADRES: Después de completar la Sección 1 anterior, devuelva este formulario a CHS o envíe este documento a su empleador para que complete la Sección 2. CHS se comunicará con su empleador directamente para solicitar y verificar la información a continuación.

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: _____