



Child Development Consortium of Los Angeles
A non profit corporation

315 W. 9th Street Suite #500
Los Angeles, CA 90015
(213) 244-1240 Fax (213) 244-1249

EMPLOYMENT VERIFICATION

To be filled out by Employee

CDCLA has permission to contact my employer to verify the information on this form.

Parents Name (Print) _____

Parent Signature _____

Date _____

To be filled out by Employer

Name of Employee: _____ Position: _____

Employer: _____

Address: _____

Telephone #: _____

Date of Hire: _____

Fax #: _____

Returning From a Leave of Absence
Return Date: _____

HOURS OF EMPLOYMENT

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time In:							
Time Out:							

If the employee works a variable schedule, please answer the following questions:

Check the possible days to be scheduled: Su M T W TH F S.

Earliest possible time scheduled for work: Latest possible time scheduled for work to end:

Maximum hours per Day: Minimum hours per Day:

Maximum hours per week: Minimum hours per week:

SALARY INFORMATION

Hourly Rate: _____		Weekly Pay	Twice a Month
Monthly Rate: _____		Once Every other Week	Monthly Pay
<input type="checkbox"/> Cash <input type="checkbox"/> Check		Minimum Pay: _____	Maximum Pay: _____
Comments: _____			

The above information pertains to the employee's eligibility for childcare benefits and is subject to review by a State of California representative. I affirm that to the best of my knowledge, the above information is true and correct.

Name and Title of Person Completing the Form

Date

Signature of Person Completing the Form

Direct Contact Telephone Number

OFFICE USE ONLY

Date: _____	Verified With: _____	Staff Initials: _____
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