



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

Name of Employee: _____
 Position: _____
 Employer: _____
 Address: _____
 Telephone #: _____ Supervisor: _____
 Fax #: _____
 Date of Hire: _____

HOURS OF EMPLOYMENT							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time In:							
Time Out:							
If flexible schedule, please list:	Maximum hours per week:			Minimum hours per week:			

SALARY INFORMATION				
Hourly Rate:			Weekly Pay	Semi-Monthly Pay
Monthly Rate:			Bi-Weekly Pay	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.

 Employee Signature

 Date

 Authorized Employer or Representative

 Date

OFFICE USE ONLY		
Independent Employment Information Verification		
Date:	Telephone #:	Spoke With:
Comments:	Verified By:	
	CDCLA Representative	
Center:		
<input type="checkbox"/> Nueva Maravilla <input type="checkbox"/> Olive View <input type="checkbox"/> Hart Village <input type="checkbox"/> LAC/USC <input type="checkbox"/> Bright Futures <input type="checkbox"/> Harbor Hills <input type="checkbox"/> FCC: _____		