

3120 Cohasset Rd., Suite 6.
Chico, CA 95973
(530) 895-3572 or 800-345-8627



www.valleyoakchildren.org
(530) 895-8524 FAX

RELEASE & VERIFICATION OF EMPLOYMENT

I hereby authorize the release of information to Valley Oak Children's Services regarding my employment. Information will be shared for purposes of determining eligibility for child care services and hours services are required.

Employee's signature _____

_____ is a client of Valley Oak Children's Services Child Care Payment Program. We need verification of amount of hours worked per day as well as number of days worked per week in order for services to be rendered. Please list hours and days in the spaces provided below. Please sign, date and return by _____. If we have any further questions, we will contact you by phone.

Thank you,

Child Care Payment Staff
Valley Oak Children's Services

Name of Employer _____ Supervisor _____

Address of employer _____ Phone _____

Business Hours _____ Best time to contact you _____

Please check and complete information below:

Set Work Schedule

Monday _____ to _____
Tuesday _____ to _____
Wednesday _____ to _____
Thursday _____ to _____
Friday _____ to _____
Saturday _____ to _____
Sunday _____ to _____
Lunch: 1/2 hour or 1 hour

Variable Work Schedule

Please check days that client may work:
 Mon Tues Wed Thurs Fri Sat Sun

Min ___ - Max ___ # of days/week

Min ___ - Max ___ # of hours/day

Earliest start time _____ am/pm

Latest time off work _____ am/pm

Lunch: 1/2 hour or 1 hour

Rate of pay per hour _____ Date of Hire _____ Date of Change _____

Pay period schedule: Weekly Biweekly Twice a Month Monthly

Employer Signature

Date

Verified: _____