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### EMPLOYMENT VERIFICATION

\_\_\_\_\_ this employment is : (Please check one of the following)  
Name of Employee (print) Seasonal Permanent

I, \_\_\_\_\_ authorize my employer to release the following information to the  
(Signature)  
Human Response Network for the purpose of obtaining subsidized child care.

Employee job title: \_\_\_\_\_ Employee date of hire: \_\_\_/\_\_\_/\_\_\_

When is the Employees Payday: Weekly Every two weeks Twice a month Monthly (Please check one)

Employee is paid: \$\_\_\_\_\_/Hour \$\_\_\_\_\_/Day \$\_\_\_\_\_/Week \$\_\_\_\_\_/Month (Please check one)

Gross Monthly salary (before any deductions) \$\_\_\_\_\_ How is the employee paid? CHECK or CASH

Does Employee receive any compensation other than cash payment? Yes No (Please check one)

If Yes describe: \_\_\_\_\_

Last date employee received pay increase: \_\_\_/\_\_\_/\_\_\_ Date of next anticipated pay increase: \_\_\_/\_\_\_/\_\_\_

Please indicate the employee's scheduled hours on duty:

Either This employee works a set schedule.

Or This employee works on a variable schedule. The number of hours per week ranges from \_\_\_\_\_ hours to \_\_\_\_\_ hours.

#### **PLEASE INDICATE THE EMPLOYEE'S SCHEDULE:**

Monday	_____ a.m./p.m.	to _____ a.m./p.m.
Tuesday	_____ a.m./p.m.	to _____ a.m./p.m.
Wednesday	_____ a.m./p.m.	to _____ a.m./p.m.
Thursday	_____ a.m./p.m.	to _____ a.m./p.m.
Friday	_____ a.m./p.m.	to _____ a.m./p.m.
Saturday	_____ a.m./p.m.	to _____ a.m./p.m.
Sunday	_____ a.m./p.m.	to _____ a.m./p.m.

*I certify under penalty of perjury that the information recorded above is true and correct to the best of my knowledge. I understand that all information on this form is held in confidence and only available to Human Response Network staff, California Department of Education officials, and audit personnel.*

PLEASE PRINT ALL INFORMATION BELOW, EXCEPT SIGNATURES

\_\_\_\_\_  
Company Name/ Name of Private Employer

\_\_\_\_\_  
Employer's Address Employees work site Area Code Phone Number

\_\_\_\_\_  
Name of Employer's Representative Completing this form (Signature) Date Job Title