

# San Mateo County Subsidy Program Employment Schedule Verification Form (11/2019)

Name of Employee \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Name of Business/Company \_\_\_\_\_ Business/Company Phone # \_\_\_\_\_

Business/Company Address \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Name of Child(ren) \_\_\_\_\_

**MY SIGNATURE AUTHORIZES MY EMPLOYER TO RELEASE THE INFORMATION REQUESTED BELOW.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Return To:</b>	<b>Agency Staff Name:</b> Stephen Finn	<b>Agency Contact Number:</b> 650-610-0715 Ext. 104
<b>Send by:</b>	<b>Fax:</b> 650.683.1592	<b>Scan &amp; Email:</b> stephen.finn@footstepschildcare.org

**TO BE COMPLETED OR PROVIDED BY EMPLOYER**

Hire Date: \_\_\_\_\_ Job Title: \_\_\_\_\_

Description of work: \_\_\_\_\_

Usual Business Hours: \_\_\_\_\_

Actual Worksite Location if different from the above address:

Address: _____	City/State/Zip: _____	Phone #: _____
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**Type of Schedule:**     SET     VARIABLE     ON-CALL

**Work Schedule:**    *If SET schedule, please provide start & end time per day. (example: 8am-5pm)*

	SUN	MONDAY	TUESDAY	WED	THURSDAY	FRIDAY	SAT
Work Schedule	Start: _____	Start: _____	Start: _____	Start: _____	Start: _____	Start: _____	Start: _____
	End: _____	End: _____	End: _____	End: _____	End: _____	End: _____	End: _____

**Work Schedule:** *If schedule is VARIABLE, please mark all possible days of work*

SUN    MON    TUES    WED    THUR    FRI    SAT    Total number of hours per week: \_\_\_\_\_

Earliest work start time: _____	AND	Latest work end time: _____
Minimum hours a day: _____	AND	Maximum hours a day: _____
Minimum days per week: _____	AND	Maximum days per week: _____

<b>Salary Information</b>	<b>Pay Rate:</b> _____ per <input type="checkbox"/> HOUR <input type="checkbox"/> DAY <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH
	<b>Pay Type:</b> <input type="checkbox"/> COMPANY CHECK <input type="checkbox"/> PERSONAL CHECK <input type="checkbox"/> CASH <input type="checkbox"/> OTHER _____
	<b>Employer is withholding Taxes:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
	<b>Pay Period:</b> <input type="checkbox"/> WEEKLY <input type="checkbox"/> EVERY TWO-WEEKS <input type="checkbox"/> TWICE MONTHLY <input type="checkbox"/> MONTHLY <small>(52 pay periods annually)                      (26 pay periods annually)                      (24 pay periods annually)                      (12 pay periods annually)</small>
	<b>Will this employee get overtime?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If "yes," how often is the overtime?</i> _____
<b>I CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE STATED INFORMATION IS TRUE AND ACCURATE.</b>	
EMPLOYER NAME AND TITLE _____	EMPLOYER SIGNATURE _____
EMAIL _____	CONTACT PHONE NUMBER _____ DATE _____

**STAFF USE ONLY** (see Title 5, §18086)    **Verification:**    Date: \_\_\_\_\_    Time: \_\_\_\_\_

Name and Title of employer representative: \_\_\_\_\_

**Comments/Notes:** \_\_\_\_\_

Staff name: \_\_\_\_\_    Staff signature: \_\_\_\_\_