

## Employment Verification Form

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Case # \_\_\_\_\_

**Note to the Employee:** It is your responsibility to return this information to your worker by: \_\_\_\_\_  
*Failure to return this form will result in denial or termination of your case.*

Your child day care worker is : \_\_\_\_\_ Phone: 695- \_\_\_\_\_  
**Catawba County Social Services PO Box 699 Newton NC 28658 Fax 695-5691**

**Note to the Employer:** The following information is necessary to determine your employee's need for child day care services. Please complete this form in ink and call if you have any questions. **Thank you for your prompt assistance in completing this form.**

**\* \* \* Employees may not fill out or complete this form. \* \* \***

**This form must be completed in full by the employer.**

Please list the beginning date of employment: \_\_\_\_\_ Pay rate: \_\_\_\_\_

Pay Schedule: Wkly    BiWkly    1/Month    Other \_\_\_\_\_

Number of hours scheduled per week: \_\_\_\_\_ Daily work schedule \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

Circle days of week worked:    Mon.    Tues.    Wed.    Thurs.    Fri.    Sat.    Sun.

If days and hours vary, please specify: \_\_\_\_\_

Is the traditional schedule full time: \_\_\_\_\_

If employee is working less than full time, is it due to slow schedule or absences? Please explain: \_\_\_\_\_

Is the position temporary? \_\_\_\_\_ If so, when is the expected ending date? \_\_\_\_\_

**Please list the actual gross wages paid to this employee for the last four pay periods. List pay dates and gross pay for each period.**

Date Pay Received	Number of Hours Worked	Gross Pay (including tips)

\_\_\_\_\_  
Signature/Title of Person Completing Form \_\_\_\_\_ Date

\_\_\_\_\_  
Company Name \_\_\_\_\_ Telephone Number \_\_\_\_\_ Fax Number

\_\_\_\_\_  
Company Mailing Address

**Entire form must be filled out by Employer ONLY.**