



# Employment Verification

RIVERSIDE COUNTY  
OFFICE OF EDUCATION

Riverside County Office of Education, Division of Early Education Services may provide subsidized child care/development services to the person listed below. In order to document eligibility and need, we are required to obtain the following information from the employer.

### Employee Release of Information (to be completed by employee):

I, \_\_\_\_\_, hereby authorize the Division of Early Education Services to verify my employment information.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

### THIS SECTION TO BE COMPLETED BY EMPLOYER:

The company utilizes the services of *The Work Number* for all information pertaining to employment status.

\_\_\_\_\_  
Company Name (as listed with *The Work Number*)

\_\_\_\_\_  
Company Code

**NOTICE TO EMPLOYEE:** Riverside County Office of Education, Division of Early Education Services does not have access to employment verification information provided through [www.theworknumber.com](http://www.theworknumber.com). If your employer participates in The Work Number, please request your login information and PIN number, from your employer, so that you can access the database.

This certifies that \_\_\_\_\_ is employed by \_\_\_\_\_.  
(Employee Name) (Company Name)

Work Site Address: \_\_\_\_\_ Work Site Phone: \_\_\_\_\_

Remote work may be approved for this employee Starting date of employment: \_\_\_\_\_

Employee Paid:  Weekly  Every other week  Twice per month  Monthly

Employee is:  Salaried \$ \_\_\_\_\_ (per month)  Hourly \$ \_\_\_\_\_ (per hour)

If employed by a district or county office of education, employee is paid:  10 months per year  11 months per year  12 months per year

Employee Receives:  Tips  Commission  Overtime pay

**Work Schedule (Select One):**  Set Work Schedule (Complete Box A)  Variable Work Schedule (Complete Box B)

**Set Work Schedule** (if employee has fixed days and hours of employment):

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Box A</b>	From: _____	From: _____	From: _____	From: _____	From: _____	From: _____	From: _____
	To: _____	To: _____	To: _____	To: _____	To: _____	To: _____	To: _____

**Box B**

**Variable Work Schedule** (if days and hours of employment fluctuate):

Indicate days employee may be scheduled:  
 Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

Minimum hours per week: \_\_\_\_\_ Maximum hours per week: \_\_\_\_\_

Minimum work days per week: \_\_\_\_\_ Maximum work days per week: \_\_\_\_\_

Earliest shift start time: \_\_\_\_\_ Latest shift end time: \_\_\_\_\_

Supervisor Name (Print): \_\_\_\_\_ Position: \_\_\_\_\_

Company Physical Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Company Telephone: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:** Verified By: \_\_\_\_\_ Date: \_\_\_\_\_ Verified With: \_\_\_\_\_

Required by California Departments of Education and Social Services Regulations Sections 18083 & 18084