



472-013 Johnstonville Road North • Susanville, CA 96130-8752 \* (530) 257-9781 FAX (530) 257-2407

Authorization to Release Employment Verification for Employed Parent

I hereby authorize employer to release information regarding my employment. I also give permission to Child and Family Resources' authorized representative to contact my employer for any clarification regarding the information on this form.

Parent Signature

Date

To be Completed by the Parent

Your Name:

Employer: Supervisor's Name:

Address:

Phone and Fax Numbers: Usual Business Hours:

To be Completed by the Employer

First day of employment:

Employment Schedule: regular work hours varied work hours

Please specify ALL possible hours (start and end times, exp. 8:00 a.m.—5:00 p.m.) that the employee may work:

Table with 7 columns: Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday. Each column has a corresponding empty box for input.

Rate(s) of Pay: per hour pay period month tips and other compensation

Potential for overtime: Yes No

Pay Period: Daily Weekly Every 2 Weeks Monthly Other

I affirm that, to the best of my knowledge, the above information is true and correct.

Employer Signature

Date

Office Use Only:

The above information was verified via phone by(print name)

Agency Staff Signature

Date