

Choices for Children



Child Development Incorporated

Employment Documentation

Parent/Guardian Name: _____

Child(ren) Name(s): _____

Employer Name: _____ Phone: _____

Employer Address: _____ City/State/Zip Code: _____

Usual Business Hours: _____ Supervisor Name: _____

Brief description of type of work: _____

☐ Hire date: _____ ☐ Return date: _____ ☐ Change date: _____

My work schedule is as follows:

If SET schedule, please provide start & end time per day:

	SUN	MON	TUE	WED	THU	FRI	SAT
From							
To							

If VARIABLE or ON-CALL schedule:

Maximum hours per week: _____

☐ SUN ☐ MON ☐ TUE ☐ WED ☐ THU ☐ FRI ☐ SAT

Earliest start time: _____ And _____ Latest end time: _____

Minimum hours a day: _____ And _____ Maximum hours a day: _____

Minimum days a week: _____ And _____ Maximum days a week: _____

Pay Period (check one) ☐ Weekly ☐ Bi-weekly ☐ Semi-monthly ☐ Monthly

☐ I would like to request the following travel time (cannot 1/2 daily hours worked, max 4 hrs./day): _____

☐ Contacting my employer would put my employment at risk. I understand other means of verification may be required.

I certify under penalty of perjury that the above state information is true and accurate.

Signature: _____ Date: _____

STAFF USE ONLY (see Title 5, §18086)

Verification:

Date: _____

Time: _____

Name and Title of employer representative: _____

Comments/Notes: _____

Staff name: _____ Staff signature: _____