

Date: \_\_\_\_\_

In order to provide child care for \_\_\_\_\_ during employment hours for evening, overnight and/or weekends, our agency must verify the employment schedule.

Please assist by completing and returning this form to ELCHC by: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian Date

**Employer fill out Sections I, II, and III.**

**SECTION I: EMPLOYEE INFORMATION**

**Employee Name:** \_\_\_\_\_ **Social Security #/ID:** \_\_\_\_\_

Days of Attendance	From (Time)	To (Time)
Monday	____:____	____:____
Tuesday	____:____	____:____
Wednesday	____:____	____:____
Thursday	____:____	____:____
Friday	____:____	____:____
Saturday	____:____	____:____
Sunday	____:____	____:____

**SECTION II: EMPLOYER INFORMATION**

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**SECTION III: EMPLOYER VERIFICATION**

**WE WILL NOT ACCEPT THIS FORM IF IT IS NOT SIGNED. THE PERSON SIGNING THIS FORM MUST BE AUTHORIZED AND AVAILABLE BY PHONE TO VERIFY THE INFORMATION IF NEEDED.**

*What I have written on this form is true to the best of my knowledge. I know that if I give false information on purpose, I may be subject to prosecution for fraud.*

\_\_\_\_\_  
Signature of Person Completing Form Print Name of Person Completing Form

\_\_\_\_\_  
Title Date

**OFFICE USE ONLY:**  
**Date Received:** \_\_\_\_\_ **Received by:** \_\_\_\_\_  
**Form Completed?**  Yes  No **If No, reason:** \_\_\_\_\_  
 \_\_\_\_\_