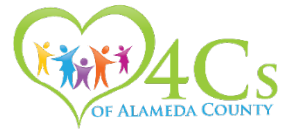


# Alameda County Pilot Program Employment Documentation (REV. APR 2022)



Print Name of Parent/Caretaker \_\_\_\_\_

Name of Business/Company \_\_\_\_\_ Business/Company Phone # \_\_\_\_\_

Business/Company Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Usual Business Hours \_\_\_\_\_ Date of Hire \_\_\_\_\_

Brief description of type of work \_\_\_\_\_

Actual work site address (if different from above) \_\_\_\_\_

Supervisor name \_\_\_\_\_

Supervisor phone number \_\_\_\_\_

My work schedule is as follows:

If **SET** schedule, please provide start & end time per day. (example: 8am-5pm)

	SUN	MONDAY	TUESDAY	WED	THURSDAY	FRIDAY	SAT
Work Schedule	Start: _____	Start: _____	Start: _____	Start: _____	Start: _____	Start: _____	Start: _____
	End: _____	End: _____	End: _____	End: _____	End: _____	End: _____	End: _____

If schedule is **VARIABLE** or **ON-CALL**, please mark all possible days of work

SUN  MON  TUES  WED  THUR  FRI  SAT Total number of hours per week: \_\_\_\_\_

Earliest work start time: _____	AND	Latest work end time: _____
Minimum hours a day: _____	AND	Maximum hours a day: _____
Minimum days per week: _____	AND	Maximum days per week: _____

I am requesting childcare services on the following days and times:

SUN	MONDAY	TUESDAY	WED	THURSDAY	FRIDAY	SAT
Start: _____	Start: _____	Start: _____	Start: _____	Start: _____	Start: _____	Start: _____
End: _____	End: _____	End: _____	End: _____	End: _____	End: _____	End: _____

- My request includes TRAVEL TIME (not to exceed 1/2 daily hours worked, max 4 hours daily)
- My request includes SLEEP TIME (Work hours and travel time between 10:00 PM and 6:00 AM)

I attest and declare under penalty of perjury and the laws of California that the information provided is true and correct.  
**MY SIGNATURE AUTHORIZES MY EMPLOYER TO RELEASE EMPLOYMENT INFORMATION.**

Signature of Parent/Caretaker \_\_\_\_\_ Date \_\_\_\_\_

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

**FOR 4Cs STAFF USE ONLY** (see Title 5, §18086)

**Verification:** Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name and Title of employer representative: \_\_\_\_\_

**Comments/Notes:** \_\_\_\_\_

**Staff name:** \_\_\_\_\_ **Staff signature:** \_\_\_\_\_