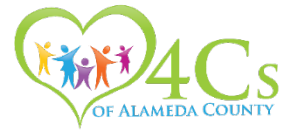


Alameda County Pilot Program Employment Documentation (REV. JULY 2022)



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 child care services on the following days and times and I understand my request may or may not be approved:

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:** _____