Employment Documentation (JULY 2024)

Print Name of Parent/Guardian _____

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_____

WORK SCHEDULE (Complete only **ONE** of the types of work schedules below)

***Work schedule type: 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:

***Work schedule type: VARIABLE SCHEDULE** 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:

CHILD CARE HOURS REQUESTED (Subject to approval)

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

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Start:	Start:	Start:	Start:	Start:	Start:	Start:
End:	End:	End:	End:	End:	End:	End:

☐ My request includes TRAVEL TIME *(not to exceed ½ 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/Guardian _____ 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 *(Title 5, §18086)* **Verification:** Date: _____ Time: _____

Name and Title of employer representative: _____

Comments/Notes: _____

_____

Staff name: _____ **Staff signature:** _____

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