

Los Rios Community College District

American River College • Cosumnes River College • Sacramento City College

EMPLOYMENT VERIFICATION

I authorize my employer to complete this Employment Verification Form for the Los Rios Community College District (LRCCD) Child Development Center (CDC) to meet my child's s early care and education.

In addition, I authorize the LRCCD CDC to contact my employer in an effort to verify the information provided on this form (Title 5, 18084).

Signature _____ Date _____

Name of Employee _____

Employer _____

Address _____ City _____ Zip Code _____

Phone _____ Supervisor Name _____

Date of Hire _____

Hours of Operation _____

Minimum Hours Per Week _____ Maximum Hours Per Week _____

Typical Days/Hours of Employment (enter in boxes below):

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Check if schedule varies week to week.

Frequency of Pay: weekly bi-weekly bi-monthly monthly

Salary Information: Gross Monthly Salary \$ _____

OR Hourly Rate \$ _____

Comments _____

The above information pertains to the employment of the employee mentioned above and is subject to review by State of California representatives.

I affirm that, to the best of my knowledge, the above information is true and correct.

Signature _____ Date _____

(Authorized Employer Representative)