Employer Fax Number: _____

Email Address: _____

EMPLOYMENT VERIFICATION

Child's Name: _____

Renu Hope Foundation may provide child care services to the parent listed below. In order to document eligibility and need, we are required to obtain the following information from the employer:

PARENT RELEASE OF INFORMATION

I, _____, hereby authorize you to provide Renu Hope with the following information.

_____ _____

Parent's Signature Date

TO WHOM IT MAY CONCERN (To be completed by the employer):

This is to certify that _____ is employed by
(Employee Name)

_____. Starting date of employment:_____

How often is employee paid: ❑ Weekly ❑ Every two weeks ❑ Twice a month ❑ Monthly

Employee is: ❑ A salaried employee: $_____per month ❑ An hourly employee: $_____per hour

Does employee receive: ❑ Tips ❑ Commission ❑ Overtime Pay

Does employee work overtime hours? ❑ Yes, specify hours per week _____ ❑ No

What date was the last salary increase: _____

What is the earliest possible date of next salary increase? _____

WORK SCHEDULE (to be filled out by the employer):

SET SCHEDULE (if the parent's has fixed days and hours of employment):

SUN:	**MON:**	**TUE:**	**WED:**	**THU:**	**FRI:**	**SAT:**
From:_____	From:_____	From:_____	From:_____	From:_____	From:_____	From:_____
To:_____	To:_____	To:_____	To:_____	To:_____	To:_____	To:_____

VARIABLE SCHEDULE (if the parent's days and hours of employment fluctuate):

Minimum hours per week:_____ Maximum hours per week:_____

Indicate days employee may be scheduled (check): Sun:___ Mon:___ Tue:___ Wed:___ Thu:___ Fri:___ Sat:___

Employer/Supervisor Name:(please print)_____

Address:_____

City, State, Zip:_____

Telephone:_____

Signature of Employer/Supervisor:_____Date:_____

Renu Hope Staff Below ONLY

Following items have been verified (Initial each as verified) : Rate of Pay _____ Hours of work _____ Pay Period _____

FOR OFFICE USE ONLY: Verified by:_____ Date:_____ Verified With:_____ Position:_____

I certify under penalty of perjury under the laws of the State of California and the United States that the above is true and correct.

PLEASE EMAIL FORM BACK TO: FamilyServices@renuhope.org Required by California Department ofEducation Regulations Sections 18083 & 18084

802 Beaumont Ave., Beaumont, CA 92223- P: 951-845-3816