

Employment Verification Form

SECTION A Employee Information (To be completed by Employee)

Stanislaus County Office of Education has permission to contact my employer to verify information on this form.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

SECTION B Employer Information (To be completed by Employer)

In order to provide services to our clients, we must have verification of their employment. You will facilitate this process by answering the following questions regarding the employee listed above.

Employment Record: Start date of current position: _____

If the employee is returning from a leave, what is the date of return? _____

If the employee is temporary, what are the start and end dates of employment? _____

Employee's current position: _____ Employee's work phone number: _____
Start date End date
ext

Employment Schedule:

Does employee have a regular work schedule (approximately the same days and/or hours each week)? ☐ Yes ☐ No

(If yes, complete Set Schedule; if no, complete Variable Schedule. Please complete one schedule type only.)

For Set Schedule: Please specify the work schedule each day: (Example: M 11 am – 7 pm)

M	T	W	Th	F	S	Su
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Total number of paid hours per week: _____

For Variable Schedule: If the employee's work schedule will vary, please answer the following based on what the employee could work: Circle the possible work days: Su M T W Th F S

- earliest time work begins _____
- latest time work ends _____
- minimum number of hours per day _____
- maximum number of hours per day _____
- minimum number of days per week _____
- maximum number of days per week _____

Payment: Rate of pay: \$ _____ per _____

Check pay period: ☐ weekly ☐ every two weeks ☐ twice a month ☐ monthly

Is it possible that employee could receive any of the following kinds of pay?

☐ shift differentials ☐ bonuses ☐ tips ☐ commissions ☐ overtime

I certify that the information I have given about the above named employee is complete and accurate, to the best of my knowledge.

Name of person completing form (print)

Company Name / Organization

Title

Company Address

Signature of person completing form

City, State, Zip Code

Date

Phone Number

SECTION C Agency Verification

(For Office Use Only)

Date Verified

Verified with

Staff Initials

Notes