

# **Employment Verification**

## **(Hot Sheet)**

CF/R-24 MHS Revised 1/11

(Optional)

This form may be used to verify employment for parents/guardians enrolled in a full day program. It is kept in the Parent section of the family file.

To complete this form:

1. Employee must complete Section A by entering their name, work address, work telephone, signature and date.
2. Employer completes Section B by entering the name of authorized person to verify employee status, signature, title, work phone, employee's full name, company name, current position and start date of current position.
3. Employer also enters the following information:
  - a. Total number of hours per day the employee works
  - b. Average number of days per week the employee normally works
  - c. Circles yes or no if the days and hours vary
  - d. Circles yes or no if the employee works rotating shifts
  - e. Time and days normally worked
  - f. Circles pay period schedule
  - g. Normal operating business hours
4. Agency representative completes Section C by contacting the employer by telephone to verify information on the form is correct and reconciles the hours with the corresponding wage stubs.