

Employee Wage Information

Employee Name: _____ Date: _____

Address: _____

In order to determine the above individual's need for child day care services, the following information is needed. Thank you for your prompt assistance in completing this form.

Caseworker: _____ Telephone: _____

Please list the weekly work schedule including the days of the week employed and the beginning and ending hour of each work day (Example: Monday: 8:15am - 4:45pm).

Monday: _____	Please list days employee is usually off each week: _____ _____ _____ _____ _____ _____ _____
Tuesday: _____	
Wednesday: _____	
Thursday: _____	
Friday: _____	
Saturday: _____	
Sunday: _____	

*****If the work schedule varies, please attach a copy of the actual work schedule*****

Please complete the following:

Beginning date of employment: _____

Is this position temporary _____ or permanent _____? If temporary, when is the expected ending date: _____.

Pay rate* is: Hourly _____ Weekly _____ Bi-Monthly _____ Monthly _____
**If employee is paid on production, please list average rate of pay.*

Gross pay is _____ per _____. (Example: \$6.00 per hour)

Number of hours* employed weekly: _____.
**If hours vary each week, please list average # of hours worked each week.*

Employer's name, address: _____

Employer's phone #: _____

Employer's signature: _____

Position: _____ Date: _____