



RIVERSIDE COUNTY OFFICE OF EDUCATION

Verificación de empleo

La Oficina de Educación del Condado de Riverside por medio de la División de Servicios de Educación Temprana (Division of Early Education Services) podría proporcionar servicios de cuidado infantil subsidiados a la persona que se indica a continuación. Para documentar la elegibilidad y la necesidad, se nos requiere obtener la siguiente información del empleador.

Consentimiento para divulgar información del empleado (to be completed by employee):

Por medio de la presente, yo _____, autorizo a la División de Servicios de Educación Temprana que obtenga la información necesaria.

Firma del empleado

Fecha

THIS SECTION TO BE COMPLETED BY EMPLOYER:

The company utilizes the services of **The Work Number** for all information pertaining to employment status.

Company Name (as listed with *The Work Number*)

Company Code

NOTICE TO EMPLOYEE/AVISO AL EMPLEADO: La División de Servicios de Educación Temprana de la Oficina de Educación del Condado de Riverside no puede acceder la información de verificación de empleo normalmente proporcionado por medio de www.theworknumber.com. Si su empleador participa en The Work Number, por favor solicítele su información de usuario y código de acceso para que así pueda acceder la base de datos.

This certifies that _____ is employed by _____.
(Employee Name) (Company Name)

Work Site Address: _____ Work Site Phone: _____

Remote work may be approved for this employee Starting date of employment: _____

Employee Paid: Weekly Every other week Twice per month Monthly

Employee is: Salaried \$ _____ (per month) Hourly \$ _____ (per hour)

If employed by a district or county office of education, employee is paid: 10 months per year 11 months per year 12 months per year

Employee Receives: Tips Commission Overtime pay

Work Schedule (Select One): Set Work Schedule (Complete Box A) Variable Work Schedule (Complete Box B)

Set Work Schedule (if employee has fixed days and hours of employment):

Box A	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	From: _____	From: _____	From: _____	From: _____	From: _____	From: _____	From: _____
	To: _____	To: _____	To: _____	To: _____	To: _____	To: _____	To: _____

Box B

Variable Work Schedule (if days and hours of employment fluctuate):

Indicate days employee may be scheduled:
 Sunday Monday Tuesday Wednesday Thursday Friday Saturday

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

Minimum work days per week: _____ Maximum work days per week: _____

Earliest shift start time: _____ Latest shift end time: _____

Supervisor Name (Print): _____ Position: _____

Company Physical Address: _____

City, State, Zip: _____

Company Telephone: _____

Supervisor Signature: _____ Date: _____

SOLO PARA USO INTERNO/OFFICE USE ONLY: Verified By: _____ Date: _____ Verified With: _____