



SUBSIDIZED PROGRAMS EMPLOYMENT VERIFICATION

Parent's Name (please print): _____, I _____
(Parent's Signature)

STAIRS, INC. authorize my employer to release the following information to Crystal Stairs, Inc. I also authorize Crystal Stairs to contact the employer listed below to verify any information indicated on this form.

TO BE COMPLETED BY EMPLOYER ONLY

Employee Job Title: _____ Employee Date of Hire: _____

PLEASE CHECK ONE FOR EACH QUESTION: Employment End Date (if applicable): _____

Employee's position is: Permanent Temporary Assignment: Begins ___/___/___ Ends ___/___/___

Employee is paid by: Payroll Check Personal Check Cash

Employee is paid: \$_____/Hour \$_____/Day \$_____/Week \$_____/Month

Pay Period: Weekly Every 2 Weeks Twice a Month Monthly

EMPLOYEE'S WORK SCHEDULE:

This is a Change in Work Schedule:
Start Date: _____/_____/_____

	<u>Start Time</u>	A.M.	P.M.	<u>End Time</u>	A.M.	P.M.
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

This employee works a variable schedule (PLEASE CHECK ONE):
 Days Vary Hours Vary Days and Hours Vary
The number of hours **per week** ranges from _____ hours to _____ hours.

This employee is on **Disability** or **Maternity Leave**: Start Date: ___/___/___ End Date: ___/___/___

I certify under penalty of perjury that the information recorded above is true and correct to the best of my knowledge. I understand that all information on this form is held in confidence and only available to Crystal Stairs, Inc. staff California Department of Education officials, and audit personnel.

PLEASE PRINT OR TYPE ALL INFORMATION BELOW, EXCEPT FOR SIGNATURE

Company Name/Name of Private Employer () Employer's Phone # _____ Email Address _____

Employer's Street Address City State Zip Code

Print Name of Personnel Representative Completing this Form Personnel Representative Job Title

Signature of Personnel Representative Date Form Completed

FOR OFFICE USE ONLY : Date ___/___/___
Employment Verified By: _____ Spoke With: _____