Orange County Department of Education
Business Services

FAMILY SUPPORT SERVICES

Tel. (714) 708-3860 · Fax (714) 708-2916

Mailing Address

Family Support Services
P.O. Box 9050
Costa Mesa, CA 92628-9050

EMPLOYMENT VERIFICATION

PART I (TO BE COMPLETED BY EMPLOYEE)

Employee's Name: Occupation/Position:

Company Name:

Street Address: City: Zip:

Telephone : Fax:

Company's Days & Hours of Operation:

I _____, authorize the Orange County Department of Education, Family Support Services
(Parent's Name)
program to contact my employer in order to verify my employment. I also authorize my employer to release my employment information including but not limited to; date of hire, days and hours of employment and rate of pay.

Parent's Signature: _____ Date: _____

PART II (TO BE COMPLETED BY EMPLOYER)

Complete information regarding the above Named Employee

Employee's Date of Hire: _____

WORK SCHEDULE

If employee has a set schedule fill out schedule for each day

MON	TUES	WED	THURS	FRI	SAT	SUN

If employee does not have a set schedule fill out the following section

1. What are the minimum and maximum hours the employee may be scheduled to work per week?
   Minimum hours per week: _____ Maximum hours per week: _____
2. Circle days worked: M T W TH F SA SU Minimum days per week _____ Maximum day per week: _____
3. Employee may be scheduled to work between the hours of _____ and _____ *(list earliest to latest time)*
4. Does the employee have an unpaid lunch break? Yes ☐ No ☐ If yes, specify minutes per day: _____
5. Does the employee work overtime? Yes ☐ No ☐ Regularly ☐ Occasionally ☐ How many hours: _____

METHOD OF PAYMENT

Employee is paid by: Business Check ☐ Personal Check ☐ Cash ☐
Rate of pay: $_____ Hourly ☐ Daily ☐ Weekly ☐ Monthly ☐
How often is employee paid: Daily ☐ Weekly ☐ Every other week ☐ Twice per month ☐ Monthly ☐
Does the employee also receive: (Please check all that apply)
Commission ☐ Overtime ☐ Tips Monthly/Quarterly Bonus ☐ Annual Bonus ☐

By signing below, I declare under penalty of perjury this information is true and correct according to our employee records, and that I am the authorized party to give this information on behalf of my employer/company.

Print Name and Title of Person Completing Form	Signature	Date

Date of Verbal Verification:	Tech:	OCDE FFS USE
Notes:		