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

Variable Schedule: **(Check one)**

1. Set days but hours vary ☐ Circle days worked: M T W TH F SA SU Maximum hours per day: _____

2. Set hours but days vary ☐ Write schedule: _____

3. Days and hours vary each week ☐   Maximum hours per week: _____

4. On Call ☐   As needed ☐   Maximum hours per week: _____

Does 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:		

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