

Employment/Income Verification Form

This form is for employees working in a CSC STAR Award eligible child care provider that do not receive a traditional paycheck stub, both the employee and employer should complete the attached form. *(This includes Family Child Care Home Substitutes working a minimum of 10 hours per month and earning \$25.00 per hour or less.)*

SECTION I – GENERAL INFORMATION

1. Employee Name: _____ SSN#: _____
Employee Address: _____
2. Employee Position: _____ 3. Date employment began: _____
4. Number of Hours Worked per month: _____
Work Schedule: _____
5. Hourly wage received: \$ _____
6. Employee paid (check one): ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Other

SECTION II – EMPLOYER INFORMATION

Employer Name: _____
Business Name: _____ Provider ID# _____

SECTION III – RECORD OF PAY RECEIVED: (to be completed by employer)

1. In the space below, list the most current and consecutive four weeks of checks or cash received by the employee along with the hours worked and the date the checks or cash were issued.

Dates of Pay period	Date of Payment	# of hours worked	Net Payment

2. Please explain any unusual gaps or overages during this period: _____

SECTION IV – EMPLOYER VERIFICATION

I certify that the information provided on this form is true and complete to the best of my knowledge. I know that if I give false information on purpose, I may be in-eligible for the CSC STAR Award now and in the future.

Employer Signature

Date

Employee Signature

Date