

(THIS FORM MAY ONLY BE USED IF CLIENT HAS NOT BEEN EMPLOYED LONG ENOUGH TO HAVE TWO CONSECUTIVE PAY STUBS)

4-C WAGE VERIFICATION FORM

I hereby authorize my employer to release the following information to 4-C: Community Coordinated Child Care.

CLIENT SIGNATURE _____ DATE _____ PRINTED NAME _____

JOB INFORMATION (to be filled out by employer only).

Company Name: _____

Street Address/Mailing Address: _____

City, State: _____ Zip: _____

Phone Number: _____ Ext. _____

Employee Name: _____

Social Security Number: _____ Start Date: ____ / ____ / ____

Gross Salary: _____ Hourly Rate: _____ Tips: _____

Pay Period: (check one) Weekly _____ Bi-weekly _____ Twice @ month _____ Monthly _____

If irregular or varied hours are worked, please indicate the average hours:
Per Week _____ or per Month _____ and **GIVE A SAMPLE SCHEDULE BELOW**
(PLEASE DO NOT WRITE "VARIES")

Hours worked:	MON	TUES	WEDS	THURS	FRI	SAT	SUN
From:							
To:							

Total hours Worked per week: _____

If employee is returning to work from leave or if this is verification for a new schedule, please indicate effective date: ____ / ____ / ____.

Additional Comments: _____

EMPLOYER SIGNATURE _____ TITLE _____

EMPLOYER NAME PRINTED _____ DATE _____

COMPLETED FORM MAY BE FAXED TO (815) 758-5652
4-C: COMMUNITY COORDINATED CHILD CARE - FOOD PROGRAM
155 North Third Street, Ste 300
DeKalb, Illinois 60115

IF YOU HAVE ANY QUESTIONS PLEASE CALL: (815) 758-8149 (ext.234) or (800) 848-8727 (ext.234)
THANK YOU!