



Alameda County Pilot Program Employment Schedule Verification Form (11/19)

Name of Employee _____ Employee ID #: _____

Name of Business/Company _____ Business/Company Phone # _____

Business/Company Address _____ City/State/Zip: _____

Name of Child(ren) _____

MY SIGNATURE AUTHORIZES MY EMPLOYER TO RELEASE THE INFORMATION REQUESTED BELOW.

Applicant Signature: _____ Date: _____

Return To:	Agency Staff Name: _____	Agency Contact Number: _____
Send by:	Fax: _____	Scan & Email: _____

TO BE COMPLETED OR PROVIDED BY EMPLOYER

Hire Date: _____ Job Title: _____

Description of work: _____

Usual Business Hours: _____

Actual Worksite Location if different from the above address:

Address: _____	City/State/Zip: _____	Phone #: _____
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Type of Schedule: SET VARIABLE ON-CALL

Work Schedule: If **SET** schedule, please provide start & end time per day. (example: 8am-5pm)

	SUN	MONDAY	TUESDAY	WED	THURSDAY	FRIDAY	SAT
Work Schedule	Start: _____	Start: _____	Start: _____	Start: _____	Start: _____	Start: _____	Start: _____
	End: _____	End: _____	End: _____	End: _____	End: _____	End: _____	End: _____

Work Schedule: If schedule is **VARIABLE**, please mark all possible days of work

SUN MON TUES WED THUR FRI SAT Total number of hours per week: _____

Earliest work start time: _____	AND	Latest work end time: _____
Minimum hours a day: _____	AND	Maximum hours a day: _____
Minimum days per week: _____	AND	Maximum days per week: _____

Salary Information

Pay Rate: _____ per HOUR DAY WEEK MONTH

Pay Type: COMPANY CHECK PERSONAL CHECK CASH OTHER _____

Employer is withholding Taxes: YES NO

Pay Period: WEEKLY EVERY TWO-WEEKS TWICE MONTHLY MONTHLY

(52 pay periods annually) (26 pay periods annually) (24 pay periods annually) (12 pay periods annually)

Will this employee get overtime? YES NO If "yes," how often is the overtime? _____

I CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE STATED INFORMATION IS TRUE AND ACCURATE.

EMPLOYER NAME AND TITLE _____	EMPLOYER SIGNATURE _____
EMAIL _____	CONTACT PHONE NUMBER _____
	DATE _____

STAFF USE ONLY (see Title 5, §18086) **Verification:** Date: _____ Time: _____

Name and Title of employer representative: _____

Comments/Notes: _____

Staff name: _____ **Staff signature:** _____