

**CHULA VISTA ELEMENTARY SCHOOL DISTRICT
STATE PRESCHOOL**

EMPLOYEE VERIFICATION FORM

Name of Employee: _____ Type of work: _____

Employer: _____ Phone: _____

Address: _____ Federal or State Tax I.D. _____

Please provide us with two client's names and phone numbers:

Client 1: _____ Phone # _____

Client 2: _____ Phone # _____

Date of hire: _____ Hours of employment: From: _____ To: _____

Days of Employment: SUN___ MON___ TUE___ WED___ THU___ FRI___ SAT___

If flexible schedule, please list: Minimum hours per week: _____ Maximum hours per week: _____

Salary Information: Gross Monthly Salary: \$ _____

Hourly Rate: \$ _____

Weekly Rate: \$ _____

Bi-weekly Rate (Every other week) \$ _____

Semi-monthly (twice a month) \$ _____

Does the employee receive any other form of payment (bonus, commission, incentive, tips, etc.)? Yes___ No___

If yes, what type? _____ How much? _____ How often? _____

The above information pertains to the employee's eligibility for State Preschool benefits and is subject to review.

I declare under penalty of perjury that the information contained in this statement is true, correct and complete.

Parent/Guardian Signature

Date

Employer's signature

Date

Internal use only

Verified by: _____ Date: _____

Comments: _____