Employment Verification Form

St. Lawrence County Department of Social Services

6 Judson Street Canton, New York 13617 315-379-2285

To Whom It May Concern:

The below individual has applied for child care assistance through the Department of Social Services. In order to process reimbursement for the client, we must verify the hours worked each day. Please refer to the back of this form for details on completing this form. (Note: Providing false information constitutes fraud and is punishable by law.)

EMPLOYEE INFORMAT	TION:		Week of:	Monday	/ /		to	Sunday	/	/
				DATE	mm/dd/yyyy		_	DATE	mm/	dd/yyyy
					(circle am or pm as app		ropri	ate)		_
			Hours Worked:	Monday		am/pm	to		am/pm	
Name		_				am/pm	to		am/pm	
				Tuesday		am/pm	to		am/pm	
Address:						am/pm	to		am/pm	
				Wednesday		am/pm	to		am/pm	
Town/City	State	Zip Code					to		am/pm	
				Thursday		am/pm	to		am/pm	
Phone Number						am/pm	to		am/pm	
				Friday		am/pm	to		am/pm	
Employee Signature**	•	DATE				am/pm	to		am/pm	
				Saturday		am/pm	to		am/pm	
						am/pm	to		am/pm	
EMPLOYER INFORMATION:				Sunday		am/pm	to		am/pm	
						am/pm	to		am/pm	
Name										
				Has your addressed changed?			*Yes No			
Address:										
			Have you changed jobs?				*Yes N	О		
Town/City	State	Zip Code								
				Have you had a change in						
Phone Number				hours/wages?				*Yes N	0	
Email Address				*If "yes" is circled, call you caseworker immediately to avoid a possible overpayment.						
Print Name and Title o	f Representative									
Employer's Signature*	*	DATE								

**All signatures must be original 7/23/2019