

**REFERRAL TO EMPLOYER FOR EMPLOYEE INCOME INFORMATION**

**To be Completed by Employee**  
**AUTHORIZATION AND CONSENT TO RELEASE INFORMATION**

I (employee's name) \_\_\_\_\_, give permission to my current/former employer, \_\_\_\_\_, (Print) \_\_\_\_\_, (Print the company's /organization's /employer's /owner's name) to release my employment/income information to the NYC Administration for Children's Services.

Employee's Home Address \_\_\_\_\_ Apt. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**To be Completed by Employee's Supervisor, Personnel or Payroll Department**

**Note:** The Administration for Children's Services may contact you by telephone to verify employment/income information.

The individual named above is requesting/receiving publicly funded child care services. To make a financial eligibility determination, it is necessary to verify income for the last three (3) months.

**Period of Employment:** Start Date: \_\_\_/\_\_\_/\_\_\_ End date: \_\_\_/\_\_\_/\_\_\_ (enter current date if still employed)  
Return to work date \_\_\_/\_\_\_/\_\_\_ (if on leave)

Type of Work: \_\_\_\_\_

**Regular Employment Schedule**

| Hours | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-------|--------|---------|-----------|----------|--------|----------|--------|
| From  |        |         |           |          |        |          |        |
| To    |        |         |           |          |        |          |        |

Gross Income: \$ \_\_\_\_\_ Income is paid [ ] weekly [ ] bi-weekly [ ] semi-monthly [ ] monthly

Gross Hourly Income : \$ \_\_\_\_\_

**Gross Payroll Information for the Past Three (3) Months**

Please list overtime, if any, in the appropriate column.

Service employees must receive a combination of tips and wages as set forth by the New York State minimum hourly wage law. If the amount earned in tips cannot be verified and/or documented 15% of gross income will be calculated and added.

| PERIOD ENDING | HOURS WORKED | GROSS INCOME | OVERTIME | TIPS | OTHER EARNINGS |      |
|---------------|--------------|--------------|----------|------|----------------|------|
|               |              |              |          |      | AMOUNT         | TYPE |
| 1.            |              |              |          |      |                |      |
| 2.            |              |              |          |      |                |      |
| 3.            |              |              |          |      |                |      |
| 4.            |              |              |          |      |                |      |
| 5.            |              |              |          |      |                |      |
| 6.            |              |              |          |      |                |      |
| 7.            |              |              |          |      |                |      |
| 8.            |              |              |          |      |                |      |
| 9.            |              |              |          |      |                |      |
| 10.           |              |              |          |      |                |      |
| 11.           |              |              |          |      |                |      |
| 12.           |              |              |          |      |                |      |

**Business/Employer's Name** (please print): \_\_\_\_\_

**Business Street Address:** \_\_\_\_\_

**City,** \_\_\_\_\_ **State,** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Tel. No: ( )** \_\_\_\_\_

**Federal Tax ID #:** \_\_\_\_\_

I swear and/or affirm that all of the financial information I have given related to the employee named above is true and accurate.

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date Signed:** \_\_\_/\_\_\_/\_\_\_