

Referral to Employer for Employee Income Information

**To be completed by Employee
CONSENT TO RELEASE INFORMATION**

I (employee's name) _____, give permission to my current/former employer, _____, (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 and the D.O.E.

Employee's Signature: _____ Date Signed: _____

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

Note: *The Administration for Children's Services and the D.O.E. 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: _____ Return to Work Date: _____
(leave blank if still employed) (if on leave)

Type of Work: _____

Regular Employment Schedule: Hours

Sunday		Monday		Tuesday		Wednesday	
from	to	from	to	from	to	from	to

Thursday		Friday		Saturday	
from	to	from	to	from	to

Salary/Wages: \$ _____

Income is paid weekly bi-weekly semi-monthly monthly

Hourly Wage: \$ _____

Only complete this question if you work in New Jersey. Is your employer a small business? Yes No

Note: *A small employer did not employ 10 or more over the course of the year. The size is based on the highest total number of employees at any given time during the current or prior calendar year and amongst all sites.*

Gross Payroll Information for the Past Twelve (12) Weeks

Please list overtime, if any, in the appropriate column. **Only complete the applicable section(s) below.**

Service employees must receive a combination of tips and wages as set forth by the New York State minimum hourly wage law. Note that weeks that were not worked must still be included (enter "0" for Hours Worked and Gross Income).

	Period Ending mm/dd/yyyy	Hours Worked	Salary/ Wage	Overtime	Tips	Other Earnings Amount	Type	Total (Gross Income)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

Total Gross Income _____

Business/Employer's Name (please print): _____

Business Street Address: _____

Telephone #: _____ Ext.: _____ Federal Tax ID #: _____

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

Employer's Signature: _____

Title: _____ Date Signed: _____