



# ASSOCIATED STUDENTS, INC.

## ASI CSUDH CHILD DEVELOPMENT CENTER

1000 E. Victoria St., Carson, CA 90747 ♦ Ph: 310-243-1015 ♦ Fax: 310-928-7273

asicdc@csudh.edu ♦ [www.asicsudhchilddevelopmentcenter.com](http://www.asicsudhchilddevelopmentcenter.com)

### EMPLOYMENT VERIFICATION

#### To be filled out by Employee

ASI Child Development Center has permission to contact my employer to verify the information on this form.

\_\_\_\_\_  
Parents Name (Print)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

#### To be filled out by Employer

Name of Employee: \_\_\_\_\_ Position: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Fax #: \_\_\_\_\_

Returning From a Leave of Absence  
Return Date: \_\_\_\_\_

### HOURS OF EMPLOYMENT

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time In:							
Time Out:							

#### If the employee works a variable schedule, please answer the following questions:

Check the possible days to be scheduled:  Su  M  T  W  TH  F  S.

Earliest possible time scheduled for work:  Latest possible time scheduled for work to end:

Maximum hours per Day:  Minimum hours per Day:

Maximum hours per Week:  Minimum hours per Week:

### SALARY INFORMATION

Hourly Rate: _____		Weekly Pay	Twice a Month
Monthly Rate: _____		Once Every other Week	Monthly Pay
<input type="checkbox"/> Cash <input type="checkbox"/> Check		Minimum Pay: _____	Maximum Pay: _____
Comments: _____			

The above information pertains to the employee's eligibility for childcare benefits and is subject to review by a State of California representative. I affirm that to the best of my knowledge, the above information is true and correct.

\_\_\_\_\_  
Name and Title of Person Completing the Form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Completing the Form

\_\_\_\_\_  
Direct Contact Telephone Number

#### OFFICE USE ONLY

Date: _____	Verified With: _____	Staff Initials: _____
-------------	----------------------	-----------------------