



IMACA Preschool Program

Employment Verification Form / Verificación de Empleo

INSTRUCTIONS: Please complete one form per parent per job. Please fill out Section I and IMACA staff will contact your employer to have Section II completed. This form must be completed before determining eligibility for subsidized child care services.

INSTRUCCIONES: Por favor complete un formulario por padre por trabajo. Llene la Sección I y el personal de IMACA se pondrá en contacto con su empleador para completar la Sección II. Este formulario debe ser completado antes de determinar la elegibilidad para los servicios subsidiados de cuidado infantil.

SECTION I: PARENT RELEASE OF INFORMATION	
SECCIÓN I: CONSENTIMIENTO DE PADRES PARA OBTENER INFORMACION	
I, _____, hereby authorize you to provide IMACA Preschool with any and all information regarding my employment and pay.	
Yo, _____, autorizo proporcionar a Preescolar IMACA con cualquier toda la información con o respeto a sobre mi empleo y pago.	
Place of Employment <i>Lugar de Empleo</i>	
Employer/Supervisor Name <i>Nombre del Empleador/Supervisor</i>	
Employer Address <i>Dirección del Empleado</i>	
Employer Telephone Number <i>Número de Teléfono del Empleador</i>	
Employer Business Hours <i>Horario Comercial del Empleador</i>	
Parent Signature / <i>Firma de Padre</i>	Date / <i>Fecha</i>

SECTION II: THIS SECTION TO BE FILLED OUT BY EMPLOYER/SUPERVISOR OR IMACA STAFF ONLY							
SECCIÓN II: ESTA SECCIÓN DEBE SER LLENADA POR EL EMPLEADOR / EL SUPERVISOR O EL PERSONAL DE IMACA SOLAMENTE							
This is to certify that _____ is employed by _____ (Employee Name)							
_____ located at _____ (Company Name) (Company Address)							
Starting date of employment:							
Employee is:	Hourly: \$ _____ per hour	Salaried: \$ _____ per month					
Pay periods are:	<input type="radio"/> Weekly	<input type="radio"/> Bi-weekly	<input type="radio"/> Bi-monthly	<input type="radio"/> Monthly			
Paid by:	<input type="radio"/> Cash	<input type="radio"/> Checks w/ paystubs	<input type="radio"/> Checks w/o paystubs	<input type="radio"/> Other:			
Does employee receive:	<input type="radio"/> Tips	<input type="radio"/> Commission	<input type="radio"/> Overtime Pay	<input type="radio"/> Other:			
Does employee work overtime hours:	<input type="radio"/> Yes Specify hours per week:		<input type="radio"/> No				
Work Schedule	<input type="radio"/> Variable		<input type="radio"/> Set (fixed days and hours)				
	Minimum hours per week:		Maximum hours per week:				
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

I certify that the above information is true and correct. I understand that IMACA has the right to obtain additional information or confirmation of employment, either written or verbal. This information will not be shared with any other entity except IMACA.

(Signature of Employer / Supervisor) (Print Employer/Supervisor Name) (Date) (Supervisor Email)

FOR OFFICE USE ONLY:	VERIFIED BY:	DATE:	VERIFIED WITH:	POSITION:
----------------------	--------------	-------	----------------	-----------