

Alameda County Pilot Program Employment Schedule Verification Form (01/01/18)

Name of Employee _____ Employee ID #: _____
 Name of Business/Company _____ Business/Company Phone # _____
 Business/Company Address _____ City/State/Zip: _____
 Name of Child(ren) _____
MY SIGNATURE AUTHORIZES MY EMPLOYER TO RELEASE THE INFORMATION REQUESTED BELOW.
 Applicant Signature: _____ Date: _____

RETURN TO THE ATTENTION OF:	Renato Ramento <small>Agency Staff Name</small>	510-644-8938 <small>Agency Contact Number</small>
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SEND BY:	Fax: 510-644-6715 <small>Agency Fax #</small>	OR	Scan & Email: Renatoramento@berkeley.net <small>Agency Email Address</small>
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TO BE COMPLETED OR PROVIDED BY EMPLOYER

Hire Date: _____ Job Title: _____
 Description of work: _____
 Usual Business Hours: _____
 Actual Worksite Location if different from the above address:
 Address: _____ City/State/Zip: _____ Phone #: _____

Type of Schedule: SET VARIABLE ON-CALL

Work Schedule: *If SET schedule, please provide start & end time per day. (example: 8am-5pm)*

	SUN	MONDAY	TUESDAY	WED	THURSDAY	FRIDAY	SAT
Work Schedule	Start: _____	Start: _____	Start: _____	Start: _____	Start: _____	Start: _____	Start: _____
	End: _____	End: _____	End: _____	End: _____	End: _____	End: _____	End: _____

Work Schedule: *If schedule is VARIABLE, please mark all possible days of work.*
 SUN MON TUES WED THUR FRI SAT

Total number of hours per week: _____

Earliest work start time: _____	AND	Latest work end time: _____
Minimum hours a day: _____	AND	Maximum hours a day: _____
Minimum days per week: _____	AND	Maximum days per week: _____

Salary Information:

Pay Rate: _____ per HOUR DAY WEEK MONTH
Pay Type: COMPANY CHECK PERSONAL CHECK CASH OTHER _____
Employer is withholding Taxes: YES NO
Pay Period: WEEKLY BI-WEEKLY BI-MONTHLY MONTHLY
Will this employee get overtime? YES NO *If "yes," how often is the overtime?* _____

I CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE STATED INFORMATION IS TRUE AND ACCURATE.

EMPLOYER NAME AND TITLE _____	EMPLOYER SIGNATURE _____
EMAIL _____	CONTACT PHONE NUMBER _____ DATE _____

STAFF USE ONLY (see Title 5, §18086)

Verification: Date: _____ Time: _____
 Name and Title of employer representative who confirmed above information _____
Comments/Notes: _____
Staff name: _____ **Staff signature:** _____