

Coshocton County Department of Job and Family Services

725 Pine Street, Coshocton, OH 43812

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Director

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Assistant Director

CHILD CARE EMPLOYMENT VERIFICATION

CLIENT COMPLETE THIS SECTION

Employee Name _____

Social Security Number _____

Name of Employer _____

I give consent for you to furnish the information requested below for use in determining eligibility for assistance.

Signature _____ Date _____

THIS SECTION TO BE COMPLETED BY EMPLOYER ONLY

The following information is necessary to determine eligibility for child care assistance for the above named individual through the Coshocton County Department of Job and Family Services.

Date Hired _____ Wage \$ _____ hour / week / month (circle one)

Is this person hired for a set number of hours per week? _____ If yes, how many? _____

If no, what is the maximum hours per week? _____ Is this position permanent? _____

If no, how long will the employee work this assignment? _____

Pay Schedule: (circle one) Daily Weekly Bi-Weekly Semi- Monthly Monthly

What days will the employee work: (circle days) MON TUE WED THU FRI SAT SUN
AM

What time will the employee start work? _____ PM

AM
What time will the employee finish work? _____ PM

If the employee=s hours fluctuate daily and weekly, what is the earliest time he/she will start? _____ AM
PM

AM
What is the latest time he/she will work? _____ PM

Any additional comments _____

Name of person that completed this form (please print) _____

Signature _____ Title _____

Phone Number () _____ Date _____