

REFERRAL TO EMPLOYER FOR EMPLOYEE INCOME INFORMATION

Employee's Name: _____ Program Number: _____

Street Address: _____ RA Address: _____

City, State & Zip Code: _____

Social Security No.: _____ Att.: _____

To be completed by employer's personnel or payroll department:
 The above named individual is requesting/receiving publicly funded day care services. To make a financial eligibility determination, it is necessary to verify income for the last three(3) months. Please list overtime, if any, in the appropriate column. Do NOT include time and leave penalties in the "REGULAR GROSS" column.

Period of Employment: Start Date: ____/____/____ To: ____/____/____

Type of Work: _____ No. of Work Days Per Week: _____

Hours Daily: From: _____ To: _____ Regular Gross: _____ Per: _____

Circle Regular Work Days: **MON** **TUE** **WED** **THU** **FRI** **SAT** **SUN**

PERIOD ENDING	HOURS WORKED	REGULAR GROSS PAY	OVERTIME/ TIPS	OTHER EARNINGS	
				AMOUNT	TYPE
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					

Name of Employer: _____

Employer's Address: _____

Employer's Federal ID Number: _____ Tel. No: () _____

Signature: _____ Title: _____ Date: ____/____/____

Note: It may be necessary to verify the income information by telephone.