



Summit Head Start 0-5 Program

Employment, Income, and Work Schedule Verification Form

If you are applying for tuition assistance and you receive income from wages, you must submit this completed form along with the other required income verification documents.

Forma de Verificación de Horario de Trabajo, Ingresos y Empleo

Si usted quiere solicitando Ayuda Financiera y usted recibe ingresos por salario, usted debe entregar esta forma completa acompañada de otros documentos de verificación de ingresos requeridos.

This section to be completed by APPLICANT Esta parte debe ser completada por el SOLICITANTE

Employee Name Nombre del Empleado:

First Nombre: _____ **Last** Apellido: _____

Child's Name Nombre del Niño/a:

First Nombre: _____ **Last** Apellido: _____

I hereby authorize the release of the following information in order to determine my eligibility for the Summit School District Preschool Tuition Assistance Program.

Por este medio, yo autorizo la liberación de la siguiente información, en orden de determinar mi elegibilidad para el Programa de Ayuda Financiera de Preescolar del Distrito Escolar Summit.

Employee Signature Firma del Empleado: _____ **Date** Fecha: _____

This section to be completed by EMPLOYER Esta parte debe ser completada por el EMPLEADOR

The above-signed employee has applied to the Summit School District Preschool Tuition Assistance Program. The program guidelines require employer verification of employment, income, and work schedule. Please complete this form and return to your employee as soon as possible.

Your assistance in completing this form accurately and in a timely manner is greatly appreciated.

Employment Status:

Date of Hire: _____

Employed: Full-Time Year Round Part-Time Year Round Full-Time Seasonal Part-Time Seasonal

If employed on a seasonal basis, please mark all the months the employee works:

January February March April May June July August September October November December

Employee Schedule:

_____/hours per Week Month Other (Please be specific): _____

Variable work schedule: No Yes, explain: _____

Compensation:

Wages/Salary:

\$ _____ / Hourly Weekly Bi-Monthly Monthly Annually

Overtime: Does the employee receive overtime pay? No Yes, if yes please answer the questions below:

Hourly Overtime Wages (if applicable): \$ _____

Is overtime seasonal? Yes No

Number of overtime hours/week: _____ **Number of weeks of overtime annually:** _____

Additional Compensation: Does the employee receive additional compensation? No Yes, if yes please answer the questions below:

Tips/Week: \$ _____ **Comments:** _____

Bonuses, Commissions, or Other Types: \$ _____

Employer Information

By signing below, you certify that the above information is true and complete to the best of your knowledge.

Employer Name: _____

Employer Physical Address: _____

Printed Name of Supervisor: _____ **Title:** _____

Signature of Supervisor: _____ **Date:** _____