



Summit Pre-K Tuition Credit



EMPLOYMENT, INCOME AND WORK SCHEDULE VERIFICATION

(Copy this page for all employers - Do NOT fill it out if you are self-employed, or a contracted employee)

TO BE COMPLETED BY APPLICANT:

Employee Name: _____ Employer Name: _____

Employer Address: _____

Applicant Release Statement

I hereby authorize the release of the following information in order to determine my eligibility for the Summit Pre-K Program.

Signature: _____ Date: _____

TO BE COMPLETED BY EMPLOYER:

The above-signed employee has applied to the Summit Pre-K Tuition Credit. The program guidelines require employer verification of employment, income and work schedule. Please complete the following information and return to your employee as soon as possible.

Your assistance in completing this form accurately and timely is greatly appreciated!

Position or Title: _____ Date of Hire: _____

Compensation Information							
Hourly wages \$ _____ or salary \$ _____ monthly/annual					Numbers of hours/week _____		
Year to date gross earnings \$ _____				Through (date) _____			
This position is seasonal		Start Date _____		End Date _____			
Overtime Information							
Hourly overtime wages \$ _____				Is overtime seasonal? YES NO			
Number of overtime hours/week _____				Number of weeks of overtime/year _____			
Additional Compensation Information							
Tips/Week \$ _____				Comments:			
Bonuses, Commissions or Other Types \$ _____							
Work Schedule							
Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours							
Variable Schedule: NO YES, explain:							

Signature of Employer/Supervisor: _____ Title: _____

Printed Name of Employer/Supervisor: _____ Date: _____

Phone: _____ Supervisor E-mail: _____

Summit Pre-K Tuition Credit Applicant: Please scan and upload this in your online application. If you have questions, please contact Summit Pre-K Program Administrator at summitprek@earlychildhoodoptions.org or 970-406-3067