



Pittsburg USD

Early Childhood Education

351 School St. - North Campus ▪ Pittsburg ▪ California ▪ 94565

Phone (925) 473-2370

Eileen Chen, Executive Director

Fax (925) 473-4371

INCOME VERIFICATION FOR EMPLOYMENT Authorization of Release

Parent Signature

Date

To be completed by the parent

Student Name and school: _____

Name of Employee: _____

Employer: _____

Employer Address: _____

Employer Telephone Number: _____ Business Hours: _____

To be completed by the employer

First day of Employment: _____

Employment Schedule: ___ regular work hours ___ varied work hours

Please specify **ALL** possible hours that the employee may work:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rate(s) of Pay: _____ per hour ___ week ___ pay period ___ month ___ tips and other compensations ___

Potential overtime: Yes ___ No ___

Pay Period: Daily ___ Weekly ___ Every 2 weeks ___ Bi-Monthly ___ Other ___

I affirm that to the best of knowledge, the above information is true and correct.

Employer Signature

Date

Office Use Only

The above information was verified via phone by: _____

Agency Staff Signature

Date