

San Francisco County Pilot Program Employment Schedule Verification Form (11/19)

Name of Employee _____ Employee ID #: _____
 Name of Business/Company _____ Business/Company Phone # _____
 Business/Company Address _____ City/State/Zip: _____
 Name of Child(ren) _____

MY SIGNATURE AUTHORIZES MY EMPLOYER TO RELEASE THE INFORMATION REQUESTED BELOW.

Applicant Signature: _____ Date: _____

Return To:	Agency Staff Name: _____	Agency Contact Number: _____
Send by:	Fax: _____	Scan & Email: _____

TO BE COMPLETED OR PROVIDED BY EMPLOYER

Hire Date: _____ Job Title: _____
 Description of work: _____
 Usual Business Hours: _____
 Actual Worksite Location if different from the above address:
 Address: _____ City/State/Zip: _____ Phone #: _____

Type of Schedule: SET VARIABLE ON-CALL

Work Schedule: *If SET schedule, please provide start & end time per day. (example: 8am-5pm)*

	SUN	MONDAY	TUESDAY	WED	THURSDAY	FRIDAY	SAT
Work Schedule	Start: _____	Start: _____	Start: _____	Start: _____	Start: _____	Start: _____	Start: _____
	End: _____	End: _____	End: _____	End: _____	End: _____	End: _____	End: _____

Work Schedule: *If schedule is VARIABLE, please mark all possible days of work*

SUN MON TUES WED THUR FRI SAT Total number of hours per week: _____

Earliest work start time: _____	AND	Latest work end time: _____
Minimum hours a day: _____	AND	Maximum hours a day: _____
Minimum days per week: _____	AND	Maximum days per week: _____

Salary Information

Pay Rate: _____ per HOUR DAY WEEK MONTH
Pay Type: COMPANY CHECK PERSONAL CHECK CASH OTHER _____
Employer is withholding Taxes: YES NO
Pay Period: WEEKLY EVERY TWO-WEEKS TWICE MONTHLY MONTHLY
(52 pay periods annually) (26 pay periods annually) (24 pay periods annually) (12 pay periods annually)
Will this employee get overtime? YES NO *If "yes," how often is the overtime?* _____

I CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE STATED INFORMATION IS TRUE AND ACCURATE.

EMPLOYER NAME AND TITLE _____	EMPLOYER SIGNATURE _____
EMAIL _____	CONTACT PHONE NUMBER _____ DATE _____

STAFF USE ONLY (see Title 5, § 18086) **Verification:** Date: _____ Time: _____

Name and Title of employer representative: _____

Comments/Notes: _____

Staff name: _____ Staff signature: _____