



SCHUYLER COUNTY
DEPARTMENT OF SOCIAL SERVICES
Human Services Complex
323 Owego St, Unit 3
Montour Falls, NY 14865
(607) 535-8303

William J. Weiss
Commissioner
Beverly K. Clickner
Deputy Commissioner

Schuyler County Child Care Subsidy
Employment Verification Form

This form must be thoroughly completed by your employer or supervisor in order to authorize childcare subsidy.

Employee's Name: _____ Social Security #: _____

Employee's Position: _____

Hire Date: _____ Leave Date: _____ Return Date: _____

Total number of days worked per week: _____ Total Hrs/Week: _____

Days worked: (*circle all that apply*) M, T, W, Th, F, Sat., Sun.

Standard daily schedule: _____

Or

Variable (*please explain*): _____

Is overtime required? _____ If yes, how often? _____

Hourly rate? _____

Is this a temporary service, please indicate place of assignment: _____

Date assignment is to end: _____

Additional comments: _____

Employer's name: _____

Employer's address: _____

Employer's Phone Number: _____

Supervisor's Name (*printed*): _____

Supervisor's Signature: _____ Date: _____

Thank you for taking the time to complete this form. Please return it to:

Schuyler County Department of Social Services

Child Care Unit

323 Owego St Unit 3

Montour Falls, NY 14865

Phone # (607) 535-8303

Fax # (607) 535-8377