



REFERRAL TO EMPLOYER FOR EMPLOYEE INCOME INFORMATION

**To be Completed by Employee
AUTHORIZATION AND CONSENT TO RELEASE INFORMATION**

I (employee's name) _____ (Print) _____ give permission to my current/former employer, _____ (Print the company's /organization's /employer's /owner's name) _____ to release my employment/income information to the NYC Administration for Children's Services.

Employee's Home Address _____ Apt. _____
City _____ State _____ Zip _____

Employee's Signature: _____ Date Signed: _____

To be Completed by Employee's Supervisor, Personnel or Payroll Department

Note: The Administration for Children's Services may contact you by telephone to verify employment/income information.

The individual named above is requesting/receiving publicly funded child care services. To make a financial eligibility determination, it is necessary to verify income for the last three (3) months.

Is employer a fast food establishment? [] YES or [] NO

Is the employer a small business, containing 10 employees or fewer? [] YES or [] NO

Period of Employment: Start Date: ____/____/____ End date: ____/____/____ (leave blank if still employed)

Return to work date ____/____/____ (if on leave)

Type of Work: _____

Regular Employment Schedule

Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

Gross Income: \$ _____ Income is paid [] weekly [] bi-weekly [] semi-monthly [] monthly

Gross Hourly Income : \$ _____

Gross Payroll Information for the Past Three (3) Months

Please list overtime, if any, in the appropriate column.

Service employees must receive a combination of tips and wages as set forth by the New York State minimum hourly wage law. If the amount earned in tips cannot be verified and/or documented 15% of gross income will be calculated and added.

PERIOD ENDING	HOURS WORKED	GROSS INCOME	OVERTIME	OTHER EARNINGS	
				TIPS AMOUNT	TYPE
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

Business/Employer's Name (please print): _____

Business Street Address: _____

City, _____ State, _____ Zip: _____ Tel. No: () _____

Federal Tax ID #: _____

I swear and/or affirm that all of the financial information I have given related to the employee named above is true and accurate.

Signature: _____ Title: _____ Date Signed: ____/____/____