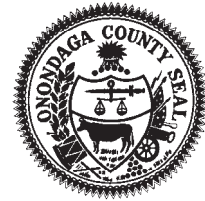


**ONONDAGA COUNTY DSS - ECONOMIC SECURITY
DAY CARE UNIT**



VERIFICATION OF EMPLOYMENT
To Be Completed By Employer

Section I

EMPLOYEE'S NAME : _____ S.S. #: _____

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

Section II Please list last 8 weeks gross income:

PAY DATE	GROSS PAY	TIPS	COMMISSION

Abstract of Section 143 of the NY State Social Service Law

Employers are required to furnish to the NYS Department of Social Services information concerning wages, salaries, earnings or other income of any applicant for, or recipient of, public assistance or medical assistance, or any relative legally responsible for the support of such applicant or recipient.

DATE EMPLOYMENT STARTED: _____
 NUMBER OF HOURS EMPLOYED PER WEEK: _____

HOURLY PAY RATE: _____
 POSITION HELD BY EMPLOYEE LISTED ABOVE: _____

IS EMPLOYEE RECEIVING N.Y.S. DISABILITY BENEFITS? _____ WORKMEN'S COMPENSATION BENEFITS? _____

IF EMPLOYMENT HAS TERMINATED, PLEASE STATE WHEN: _____

Section III (a) If the employee's hours **do not vary**, please complete this section.
 *** If hours **vary** or employee works rotating days or hours please complete **Section III (b)** on the reverse of this form ***

<u>DAYS EMPLOYED</u>	<u>EXACT HOURS OF EMPLOYMENT</u>		AGENCY NOTES:
SUNDAY	_____ AM/PM	TO _____ AM/PM	
MONDAY	_____ AM/PM	TO _____ AM/PM	
TUESDAY	_____ AM/PM	TO _____ AM/PM	
WEDNESDAY	_____ AM/PM	TO _____ AM/PM	
THURSDAY	_____ AM/PM	TO _____ AM/PM	
FRIDAY	_____ AM/PM	TO _____ AM/PM	
SATURDAY	_____ AM/PM	TO _____ AM/PM	

Section IV

EMPLOYER'S REP NAME (PLEASE PRINT): _____

EMPLOYER'S SIGNATURE: _____ DATE: _____

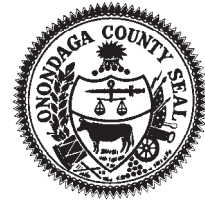
TELEPHONE NUMBER: () _____

Please Return To:

ONONDAGA COUNTY DSS - ECONOMIC SECURITY
 Day Care Services Unit
 421 Montgomery Street
 Syracuse, New York 13202
 Phone (315) 435-5683 Fax (315) 435-5682

Worker # _____

ONONDAGA COUNTY
Day Care Services Unit
 421 Montgomery Street
 Syracuse, New York 13202



DAILY WORK SCHEDULE (section III (b)) FOR EMPLOYEES WORKING VARIED DAYS, HOURS and/or WEEKENDS

THIS FORM DOES NOT NEED TO BE COMPLETED FOR EMPLOYEES WORKING A PERMANENT SCHEDULE

We are requesting the times and dates that the employee has or will be scheduled to work. Depending on the length of their employment, the number of weeks that you can provide may vary. Put an **X** in the dates that the employee did not work. Indicate hours as AM or PM (i.e. 8:30 am – 5:00 pm, or 1:00 pm – 8:00 pm).

For questions regarding this form please call 435-5683. Thank you in advance for your cooperation.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>