

Breckenridge Child Care Tuition Assistance EMPLOYMENT, INCOME AND WORK SCHEDULE VERIFICATION

(Copy this page for all employers - Do NOT fill it out if you are self-employed, or a contracted employee)

TO BE COMPLETED BY APPLICANT:

Employee Name: _____ Employer Name: _____

Employer Address: _____

Applicant Release Statement

I hereby authorize the release of the following information in order to determine my eligibility for the Breckenridge Child Care Tuition Assistance program.

Signature: _____ Date: _____

TO BE COMPLETED BY EMPLOYER:

The above-signed employee has applied to the Town of Breckenridge for Child Care Tuition Assistance. The Program guidelines require employer verification of employment, income and work schedule. Please complete the following information and return as soon as possible. If you have questions, please contact Austyn Dineen at austynd@townofbreckenridge.com or 970-547-4303.

Your assistance in completing this form accurately and timely is greatly appreciated!

Employee Position or Title: _____ Date of Hire: _____

Compensation Information							
Hourly wages \$ _____/hr OR Annual Salary _____				Numbers of hours/week _____			
Year to date gross earnings \$ _____				Through (date) _____			
This position is seasonal <input type="checkbox"/> YES <input type="checkbox"/> No Start Date _____ End Date _____							
Overtime Information							
Hourly overtime wages \$ _____				Is overtime seasonal? YES NO			
Number of overtime hours/week _____				Number of weeks of OT/year _____			
Additional Compensation Information							
Tips/Week \$ _____				Comments:			
Bonuses, Commissions or Other Types \$ _____							
Work Schedule							
Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours							
Variable Schedule: NO YES, explain: _____							

Signature of Employer/Supervisor: _____ Title: _____

Printed Name of Employer/Supervisor: _____ Date: _____

Phone: _____ Supervisor E-mail: _____