



# County of Fairfax, Virginia

To protect and enrich the quality of life for the people, neighborhoods and diverse communities of Fairfax County

## EMPLOYMENT VERIFICATION

**FAIRFAX COUNTY PROVIDES CHILD CARE ASSISTANCE TO LOW AND MODERATE-INCOME FAMILIES. TO BE ELIGIBLE FOR THIS PROGRAM, WORKING PARENTS MUST DOCUMENT HOURS OF WORK AND INCOME. PLEASE COMPLETE ALL INFORMATION REQUESTED BELOW.**

*Section I: Employee to complete*

Employee's Name: \_\_\_\_\_ SSN: *(optional)* \_\_\_\_\_

Employee's Address: \_\_\_\_\_  
(street) (city) (zip)

Employee's Home Telephone: \_\_\_\_\_

**I authorize my employer to release information regarding my employment, salary and schedule.**

\_\_\_\_\_  
Employee's Signature Date

*Section II: Employer to complete*

- \_\_\_\_\_ works for me \_\_\_\_\_ hours per week at an hourly rate of \_\_\_\_\_.
- This employee is paid: \_\_\_\_\_ weekly \_\_\_\_\_ biweekly (26 times/year)  
\_\_\_\_\_ monthly \_\_\_\_\_ semi-monthly (24 times/year)
- The employee **does** \_\_\_\_\_ / **does not** \_\_\_\_\_ receive paystubs. If the employee does receive paystubs according to company policy, the next one will be issued: \_\_\_\_\_.
- Does this employee's work schedule vary from week to week? Yes \_\_\_\_\_ No \_\_\_\_\_
- Complete employee's schedule:

Date	Hours Scheduled	
Mon	from:	to:
Tues	from:	to:
Wed	from:	to:
Thur	from:	to:
Fri	from:	to:
Sat	from:	to:
Sun	from:	to:

Employee's Start Date: \_\_\_\_\_

Employer's Name(please print): \_\_\_\_\_

Employer's Signature \_\_\_\_\_

Company or Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Employer's Telephone: \_\_\_\_\_

Date: \_\_\_\_\_

**Office for Children/Child Care Assistance and Referral**  
**Department of Family Services**  
12011 Government Center Parkway, 8<sup>th</sup> Floor  
Fairfax, Virginia 22035  
703-449-8484, TTY 711, Fax 703-324-3917  
[www.fairfaxcounty.gov/ofc](http://www.fairfaxcounty.gov/ofc)