



EMPLOYMENT VERIFICATION

Fairfax County supports families earning low and moderate income by providing a sliding fee scale for SACC services. To be eligible, adults must document weekly hours worked and income. Please complete all information requested below.

Section I: Employee to complete:

Employee's Name: _____ SACC Account #: _____

Employee's Address: _____
(Street) (City/State) (Zip Code)

Employee's Home Phone: _____ Cell Phone: _____

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

Employee's Signature

Date

Section II: Manager/Supervisor/Employer to complete:

1. _____ works for me _____ hours per week.
Employee name

2. This employee's rate of pay is: _____ per hour day week month

3. This employee is paid weekly bi-weekly (26 times/year) bi-monthly (24 times/year) monthly

4. This employee **does** **does not** receive pay stubs (check one).

If the employee receives pay stubs, they will need to be submitted along with this form.

5. Employee's Start Date: _____
(Month/Day/Year)

6. Manager/Supervisor's Name and Title (please print): _____

7. Company or Organization Name: _____

8. Company Address: _____

9. Manager/Supervisor's Phone Number: _____

I certify that this income information is a true and accurate statement of the financial status of my employee.

Manager/Supervisor's Signature

Date



A Fairfax County, VA
publication.



Fairfax County Department of
Family Services

Fairfax County



Office for Children



Reasonable accommodations made upon
request; call 703-449-1414 or TYY 711.

Printed May 2017