



Fairfax County Office for Children
School Age Child Care
 12011 Government Center Pkwy., Suite 936, Fairfax, VA 22035
 Phone: 703-449-8989 • Fax: 703-653-1304
www.fairfaxcounty.gov/familyservices/office-for-children/sacc

EMPLOYMENT VERIFICATION FORM

Fairfax County supports families earning low and moderate income by providing a sliding fee scale for SACC families. To be eligible, adults must document hours of work 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 Telephone: _____ Cell: _____

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:

- _____ works for me _____ hours per week.
- This employee's rate of pay is: _____ per hour day week month
 bi-weekly (26 times/year) bi-monthly (24 times/year)
- This employee **does** **does not** receive pay stubs (check one). Pay stubs will have to be submitted along with this form.

Work Schedule:

Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
(Example: 8-5)							

- Employee's Start Date: _____
- Manager/Supervisor's Name/Title (please print): _____
- Company or Organization Name: _____
- Company Address: _____
- 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

