



Referral to Employer for Employee Income Information Authorization and Consent to Release Information

(To be completed by Employee)

I (employee's name) _____, give permission to my current/former employer,
(Print)

_____, to release my
(Print the company's /organization's /employer's /owner's name)

employment/income information to NYC Administration for Children's Services and NYC Department of Education.

Employee's Signature: _____ **Date Signed:** _____

To be completed by Employee's Supervisor, Personnel or Payroll Department

Note: The Administration for Children's Services and Department of Education may contact you by telephone to verify employment/income information.

The individual named above is requesting/receiving publicly funded child care services. To make a financial eligibility determination, it is necessary to verify income for the last three (3) months.

Period of Employment:

Start Date: _____ End Date: _____ Return to Work Date: _____
(leave blank if still employed) (if on leave)

Type of Work: _____

Regular Employment Schedule:

Times	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Hours per week
From								
To								

Gross Income: \$ _____

Income is paid [] weekly [] bi-weekly [] semi-monthly [] monthly

Gross Hourly Income: \$ _____

Only complete this question if you work in New Jersey. Is your employer a small business? [] YES or [] NO

Note: A small employer is defined as an employer who employed fewer than 6 employees for every work day.



Gross Payroll Information for the Past Three (3) Months

Please list overtime, if any, in the appropriate column. **Only complete the applicable section(s) below.**

Service employees must receive a combination of tips and wages as set forth by the New York State minimum hourly wage law.

#	Period Ending mm/dd/yyyy	Hours Worked	Gross Income	Overtime	Tips	Other Earnings	
						Amount	Type
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							

Business/Employer's Name (please print): _____

Business Street Address: _____

Telephone #: _____

Federal Tax ID #: _____

I swear and/or affirm that all the financial information I have given related to the employee named above is true and accurate.

Employer's Signature: _____ **Title:** _____ **Date Signed:** _____