

**CHULA VISTA ELEMENTARY SCHOOL DISTRICT  
STATE PRESCHOOL**

**EMPLOYEE VERIFICATION FORM**

Name of Employee: \_\_\_\_\_ Type of work: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Federal or State Tax I.D. \_\_\_\_\_

Please provide us with two client's names and phone numbers:

Client 1: \_\_\_\_\_ Phone # \_\_\_\_\_

Client 2: \_\_\_\_\_ Phone # \_\_\_\_\_

Date of hire: \_\_\_\_\_ Hours of employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Days of Employment: SUN\_\_\_ MON\_\_\_ TUE\_\_\_ WED\_\_\_ THU\_\_\_ FRI\_\_\_ SAT\_\_\_

If flexible schedule, please list: Minimum hours per week: \_\_\_\_\_ Maximum hours per week: \_\_\_\_\_

Salary Information: Gross Monthly Salary: \$ \_\_\_\_\_

Hourly Rate: \$ \_\_\_\_\_

Weekly Rate: \$ \_\_\_\_\_

Bi-weekly Rate (Every other week) \$ \_\_\_\_\_

Semi-monthly (twice a month) \$ \_\_\_\_\_

Does the employee receive any other form of payment (bonus, commission, incentive, tips, etc.)? Yes\_\_\_ No\_\_\_

If yes, what type? \_\_\_\_\_ How much? \_\_\_\_\_ How often? \_\_\_\_\_

The above information pertains to the employee's eligibility for State Preschool benefits and is subject to review.

I declare under penalty of perjury that the information contained in this statement is true, correct and complete.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer's signature

\_\_\_\_\_  
Date

Internal use only

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

**CHULA VISTA ELEMENTARY SCHOOL DISTRICT  
STATE PRESCHOOL**

**FORMA DE VERIFICACION DEL EMPLEADO**

Nombre del empleado: \_\_\_\_\_ Ocupación: \_\_\_\_\_

Empleador: \_\_\_\_\_ Tel: \_\_\_\_\_

Dirección: \_\_\_\_\_ No. Identificación de impuesto federal o estatal \_\_\_\_\_

Por favor proporcione dos nombres y teléfono de sus clientes:

Cliente 1: \_\_\_\_\_ Telefono \_\_\_\_\_

Cliente 2: \_\_\_\_\_ Telefono \_\_\_\_\_

Fecha de contratación: \_\_\_\_\_ Horario de empleo: de: \_\_\_\_\_ a: \_\_\_\_\_

Días de trabajo:        DOM \_\_\_ LUN \_\_\_ MAR \_\_\_ MIE \_\_\_ JUE \_\_\_ VIE \_\_\_ SAB \_\_\_

Si el horario es flexible, indique: Mínimo de horas por semana: \_\_\_\_\_ Máximo de horas por semana: \_\_\_\_\_

Información de salario:        Salario mensual bruto: \$ \_\_\_\_\_

   Sueldo por hora:        \$ \_\_\_\_\_

   Sueldo semanal:        \$ \_\_\_\_\_

   Sueldo cada dos semanas: \$ \_\_\_\_\_

   Sueldo quincenal:        \$ \_\_\_\_\_

El empleado recibe otro pago adicional como, bono, comisión, incentivos o propinas?        Sí \_\_\_ No \_\_\_

Que tipo? \_\_\_\_\_ Cuanto? \_\_\_\_\_ Con que frecuencia? \_\_\_\_\_

La información proporcionada es relacionada para la elegibilidad del empleado para recibir servicios del programa estatal de preescolar y está sujeta a verificación.

Yo declaro bajo pena de perjurio que la información dada es verdadera, correcta y completa.

\_\_\_\_\_  
Firma del padre o tutor

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Firma del empleador

\_\_\_\_\_  
Fecha

Internal use only

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_