Sacramento City Unified School District
CHILD DEVELOPMENT DEPARTMENT

AUTHORIZATION FOR RELEASE OF EMPLOYMENT INFORMATION

SECTION I ▪ PARENT

I, _____ _____ _____
            (Print Name)   (Signature   (Date)

Hereby authorize the release of the following information and request that it be forwarded to Sacramento City Unified School District at the address below. I understand that my employer may be contacted to verify the information submitted. Any fraudulent, false, incomplete, deceitful or misleading information provided to SCUSD regarding status of employment, income, family size, school or training, that is used to determine initial or ongoing eligibility for subsidized child development services or parent fees, will be grounds for termination of child development services. SCUSD is required to recover costs for child development services provided during any period of ineligibility from the parent or caretaker.
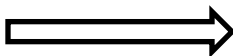
Employer's Name:_____

Employer's Address:_____

Supervisor's Name:_____ Phone:_____Fax:_____

SECTION II ▪ EMPLOYER

EMPLOYER INSTRUCTIONS:
The employee indicated above is seeking child development services from Sacramento City USD. Please complete the information below and **fax** or **mail** to:

Attn: _____
Child Development Department
5735 47th Avenue, Box 715
Sacramento, CA 95824
Phone: (916) 643-7815 ▪ Fax: (916) 399-2057

Employer's SS# or Tax Payer ID#: (N/A Permitted) _____

Hire Date: _____ IF VARIABLE SCHEDULE: Minimum hours per week _____ Maximum hours per week_____

Days and Hours of Employment:

M	T	W	Th	F	S	S
____to____	____to____	____to____	____to____	____to____	____to____	____to____

GROSS Pay: _____ **Hourly Rate:** _____

Frequency Of Pay:
☐ WEEKLY   *Pay Day:*   (circle) M T W TH F
☐ BI-WEEKLY   *Paid Every Other:*   (circle) M T W TH F
☐ TWICE MONTHLY   *Pay Dates:* _____ and _____
☐ MONTHLY   *Pay Date:* _____

Employee will receive next paycheck on:

_____

Other monetary compensation: (overtime, commissions, bonus, tips, uniforms, etc.)
Comments: _____

The above information pertains to the employee's eligibility for child care benefits and is subject to review by State and Federal Agencies. Under penalty of perjury, I affirm that the above is true and correct.

Authorized Signature: _____ Date: _____

FOR OFFICE USE ONLY: Verification was: ☐ Faxed ☐ Mailed ☐ Verified by Telephone – OT Date/Initial _____

Child's Name: _____ Site: _____

Revised 5/28/19