



ECE Department
 3222 Winona Way
 North Highlands, CA 95660
 916-566-1616
 Fax 916-566-3596

EMPLOYMENT VERIFICATION

PARENT

I authorize representatives from Twin Rivers USD, ECE Department to contact my employer to verify my employment.

Print Name _____ Signature _____

Child's Name _____ School Site _____ Date _____

EMPLOYER

This is to verify that _____ has been employed since _____
(Name of employee) (Hire date)

by _____
(Company Name)

The current monthly gross income before deductions is: _____.

The above employee works FROM: _____ TO: _____
(Earliest time) (Latest time)

On the following days: _____

And has the following days off: _____.

The Employee has a VARIED SCHEDULE: ____yes ____no

Employee is paid: Once a month Twice a month Every other week Every week

The average maximum number of hours this employee works per week: _____

Company Stamp Here
 Or Attach Business Card

SUPERVISOR _____
(Signature)

SUPERVISOR _____
(Please Print Name)

TITLE _____

EMPLOYER
 ADDRESS _____

PHONE NUMBER _____

Employer- please return this completed form using the ECE address or fax number listed above.

ECE STAFF

ECE Staff Initial Verification: _____ Date: _____