



# Frisco Child Care Tuition Assistance

## EMPLOYMENT, INCOME AND WORK SCHEDULE VERIFICATION

(Copy this page for all employers - Do NOT fill it out if you are self-employed, or a contracted employee)

### TO BE COMPLETED BY APPLICANT:

Employee Name: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

### Applicant Release Statement

I hereby authorize the release of the following information in order to determine my eligibility for the Frisco Child Care Tuition Assistance program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### TO BE COMPLETED BY EMPLOYER:

The above-signed employee has applied to the Town of Frisco for Child Care Tuition Assistance. The Program guidelines require employer verification of employment, income and work schedule. Please complete the following information and return as soon as possible. If you have questions, please contact [tuitionassistance@TownofFrisco.com](mailto:tuitionassistance@TownofFrisco.com) or 970-668-9128.

**Your assistance in completing this form accurately and timely is greatly appreciated!**

Employee Position or Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

### Compensation Information

Hourly wages \$\_\_\_\_\_/hr OR Annual Salary \_\_\_\_\_ Numbers of hours/week \_\_\_\_\_

Year to date gross earnings \$\_\_\_\_\_ Through (date) \_\_\_\_\_

This position is seasonal  YES  No Start Date \_\_\_\_\_ End Date \_\_\_\_\_

### Overtime Information

Hourly overtime wages \$\_\_\_\_\_ Is overtime seasonal? YES NO

Number of overtime hours/week \_\_\_\_\_ Number of weeks of OT/year \_\_\_\_\_

### Additional Compensation Information

Tips/Week \$\_\_\_\_\_ Comments: \_\_\_\_\_

Bonuses, Commissions or Other Types \$\_\_\_\_\_

### Work Schedule

Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours							

Variable Schedule: NO YES, explain: \_\_\_\_\_

Signature of Employer/Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name of Employer/Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor E-mail: \_\_\_\_\_