Los Rios Community College District

American River College • Cosumnes River College • Sacramento City College

EMPLOYMENT VERIFICATION

I authorize my employer to complete this Employment Verification Form for the Los Rios Community College District (LRCCD) Child Development Center (CDC).

In addition, I authorize the LRCCD CDC to contact my employer in an effort to verify the information provided on this form (Title 5, 18084).

provided on this for	· · · · · · · · · · · · · · · · · · ·	, ,,, ,					
Employee Signature Date							
Name of Employ	ee						
Employer							
Address	ess			City		Zip Code	
Phone		Supe	rvisor Name				
Date of Hire							
Hours of Operati	on						
Minimum Hours	_ Maximum Hours Per Week						
Typical Days/Hou	urs of Employ	ment (enter ir	n boxes below)	:			
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
☐ Check if schedule	e varies week	to week.					
Frequency of Pay:	□ weekly	/ □ bi-weel	kly □ bi-mor	nthly 🗆 mor	nthly		
Salary Information: Gross Monthly Salary \$							
OR Hourly Rate \$							
Comments							
The above informat review by State of C	•	. ,	ment of the en	nployee menti	ioned above a	and is subject to	
I affirm that, to the	best of my ki	nowledge, the	e above inforn	nation is true	and correct.		
Employer Signature							
	(Authorized	d Employer Re	epresentative)				