CFWB 015
Rev.4/18

NYC Administration for Children's Services

REFERRAL TO EMPLOYER FOR EMPLOYEE INCOME INFORMATION

To be completed by Employee

AUTHORIZATION AND CONSENT TO RELEASE INFORMATION

I (employee's name) _____, give permission to my current/former
(Print)
employer, _____,
(Print the company's /organization's /employer's /owner's name)
to release my employment/income information to the NYC Administration for Children's Services.

Employee's Home Address_____ Apt._____

City _____State_____ Zip_____

Employee's Signature: _____ Date Signed: _____

To be completed by Employee's Supervisor, Personnel or Payroll Department

***Note**: The Administration for Children's Services may contact you by telephone to verify employment/income information.*

The individual named above is requesting/receiving publicly funded child care services. To make a financial eligibility determination, it is necessary to verify income for the last three (3) months.

Is employer a fast food establishment ***Note:*** *A fast food establishment has to be part of a chain and one of 30 or more locations nationally*. [ ] YES or [ ] NO
Is the employer a small business, containing 10 employees or fewer? [ ] YES or [ ] NO

Period of Employment: Start Date: ___/____/____ End date: ____/____/____ *(leave blank if still employed)*
Return to work date _____/_____/____ *(if on leave)*

Type of Work: _____

Regular Employment Schedule

Hours	*Monday*	*Tuesday*	*Wednesday*	*Thursday*	*Friday*	*Saturday*	*Sunday*
From							
To							

Gross Income: $_____ Income is paid [ ] weekly [ ] bi-weekly [ ] semi-monthly [ ] monthly

Gross Hourly Income: $ _____

Gross Payroll Information for the Past Three (3) Months

Please list overtime, if any, in the appropriate column. **Only complete the applicable section(s) below.**
Service employees must receive a combination of tips and wages as set forth by the New York State minimum hourly wage law.

PERIOD ENDING		HOURS WORKED	GROSS INCOME	OVERTIME	TIPS	OTHER EARNINGS	
						AMOUNT	TYPE
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							

Business/Employer's Name (please print):_____

Business Street Address: _____

City, _____State, _____Zip: _____ Tel. No: ( ) _____

Federal Tax ID #: _____

I swear and/or affirm that all of the financial information I have given related to the employee named above is true and accurate.

Employer's Signature: _____Title: _____ Date Signed: ____/____/___