



## REFERRAL TO EMPLOYER FOR EMPLOYEE INCOME INFORMATION

### AUTHORIZATION AND CONSENT TO RELEASE INFORMATION

(To be completed by Employee)

I (employee's name) \_\_\_\_\_, give permission to my current/former employer,  
(Print)

\_\_\_\_\_  
(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 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 the employer a small business? [ ] YES or [ ] NO

*Note: A small employer did not employ 10 or more over the course of the year. The size is based on the highest total number of employees at any given time during the current or prior calendar year and amongst all sites.*

### Period of Employment:

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Return to Work Date: \_\_\_\_\_  
*(leave blank if still employed) (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 MM/DD/YYYY	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: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_

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

**Employer's Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_