***Confidential Inquiry on Employment-Child Care Unit***

***(The Employer must complete all highlighted, employment related sections and sign the form)***

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| date  | employee :  | ssn | dss case # child care |
| dss case name and address | Return form to: [ ]  employee OR [ ]  listed address  |
| ATTN: Shanon Brendlinger DSS FAX#: 315-946-7518 |
| employee start date: | if employee is no longer working, explain why, and provide last date worked: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ last day:\_\_\_\_\_\_\_\_\_\_\_\_\_ | requested return date: |

An eligibility requirement for receipt of Childcare is verification of employment. Section 143 of the Social Welfare Law states: ***"If requested by an authorized representative...the officials or executives of any corporation or partnership, and all employers of labor of any kind doing business within the State of New York, shall furnish to such representative or authority, information relating to wages, salaries, earnings or other income of any applicant for, or recipient of childcare ...or of any relative legally responsible for the support of such applicant or recipient."***

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| **EARNINGS FOR LAST 8 WEEKS OF EMPLOYMENT (TO BE COMPLETED BY EMPLOYER)** |
| **PAY PERIOD** | **GROSS PAY** (Before Deductions) | **TOTAL # HOURS WORKED** | **TIPS/COMMISSION INCLUDED IN EARNINGS** | **OTHER INCOME INCLUDED IN EARNINGS** **(**Specify Type & Amount) |
| **FROM** | **TO** |
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| Start Date: | Title: | Hourly Wage: | Avg # Hours Worked: |
| Pay Cycle: \_\_\_Weekly; \_\_\_Bi-weekly; \_\_\_Semi-Monthly; \_\_\_Monthly (\_\_\_1st \_\_\_15th \_\_\_30th ); Other, Specify: \_\_\_\_\_\_\_\_\_\_ |
| Circle the Days of the Week Employee Works: | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
| Indicate time usually worked (i.e. 9 am – 5 pm): |  |  |  |  |  |  |  |

Name of Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Local Job Site Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_