



COUNTY OF ONONDAGA

Department of Social Services-Economic Security

Child Support ♦ Childcare Assistance ♦ Fair Hearings ♦ Fraud ♦ HEAP ♦ Medicaid ♦ SNAP ♦ Systems ♦ Temporary Assistance

JOHN H. MULROY CIVIC CENTER
421 MONTGOMERY STREET
Childcare Assistance
SYRACUSE, NY 13202
315-435-5683; Fax: 315-435-5682

J. Ryan McMahon, II
County Executive

www.ongov.net

Sarah G. Merrick
Commissioner

VERIFICATION OF EMPLOYMENT

To Be Completed By Employer

Section I:

Employee's Name: _____ SS#: _____
Employer's Name and Address: _____
Date Employment Started: _____ If Terminated please list date: _____
Position Held: _____ Hourly pay rate: _____ # of hours employed per week: _____

Section II: Please list the last 4 weeks' gross income:

Table with 4 columns: PAY DATE, GROSS PAY, TIPS, COMMISSION. 5 rows for data entry.

Abstract of Section 143 of the NYS Social Service Law
Employers are required to furnish to the NYS Department of Social Services information concerning wages, salaries, earnings, or other income of any applicant, or recipient, of public or medical assistance, or any relative legally responsible for the support of such applicant or recipient.

Is Employee receiving any of the following benefits:

NYS Disability: _____ Workmen's Compensation: _____

Section III (a): If the employee's hours do not vary, please complete the below section.

If hours vary or employee works rotating days or hours, please complete Section III (b) on the reverse side.

Table with 2 columns: Days Employed, Exact Hours of Employment. Rows for Sunday through Saturday.

Please Mail completed form to:

Onondaga County DSS-ES
Childcare Assistance Program
421 Montgomery St.
Syracuse, NY 13202

Fax: 315-435-5682 Or Email: DayCareDocs@dfa.state.ny.us

Section IV:

Employer's Representative Name (Please Print): _____ Phone Number: _____
Employer's Signature _____ Date: _____



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Section III (b): Daily Work Schedule for Employees Working Varied Days, Hours, Weeks

This form does not need to be completed for employees working a non-varying schedule.

We are requesting the times and dates that the employee has or will be scheduled to work. Depending on the length of their employment, the number of weeks that you can provide may vary. Put an **X** in the dates that the employee did not work. Indicate hours as AM or PM (i.e. 8:30am – 5:00pm, or 1:00pm – 8:00pm).

For questions regarding this form please call 315-435-5683. Thank you in advance for your cooperation.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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