

## Breckenridge Child Care Tuition Assistance

### EMPLOYMENT, INCOME AND WORK SCHEDULE VERIFICATION

(Copy this page for all employers - Do NOT fill it out if you are self employed, or a contracted employee)

#### TO BE COMPLETED BY APPLICANT:

Employee Name: \_\_\_\_\_ Employer Name: \_\_\_\_\_

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

#### Applicant Release Statement

I hereby authorize the release of the following information in order to determine my eligibility for the Breckenridge Child Care Tuition Assistance program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### TO BE COMPLETED BY EMPLOYER:

The above-signed employee has applied to the Town of Breckenridge for Child Care Tuition Assistance. The Program guidelines require employer verification of employment, income and work schedule. Please complete the following information and return as soon as possible. **Please scan and upload this in your online application.** If you have questions, please contact Corrie Burr at [corrieb@townofbreckenridge.com](mailto:corrieb@townofbreckenridge.com) or 970-547-3124.

**Your assistance in completing this form accurately and timely is greatly appreciated!**

Position or Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

#### Compensation Information

Hourly wages \$ \_\_\_\_\_ Numbers of hours/week \_\_\_\_\_

Year to date gross earnings \$ \_\_\_\_\_ Through (date) \_\_\_\_\_

This position is seasonal      Start Date \_\_\_\_\_ End Date \_\_\_\_\_

#### Overtime Information

Hourly overtime wages \$ \_\_\_\_\_ Is overtime seasonal?      YES      NO

Number of overtime hours/week \_\_\_\_\_ Number of weeks of OT/year \_\_\_\_\_

#### Additional Compensation Information

Tips/Week \$ \_\_\_\_\_ Comments: \_\_\_\_\_

Bonuses, Commissions or Other Types \$ \_\_\_\_\_

#### Work Schedule

| Days  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-------|--------|---------|-----------|----------|--------|----------|--------|
| Hours |        |         |           |          |        |          |        |

Variable Schedule:      NO      YES, explain: \_\_\_\_\_

Signature of Employer/Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name of Employer/Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor E-mail: \_\_\_\_\_