

As a parent needing child care while employed:

(Parent initials)

_____ 1. I authorize Pathways LA to contact my employer and verify all information regarding my employment, including but not limited to my scheduled hours, rate of pay, pay period, potential for overtime, tips, or additional compensation.

_____ 2. I understand that it is my responsibility to inform Pathways LA of increases to my family's income that exceeds 85% of the State Median Income within 30 days. I can also voluntarily report changes which will result in a positive change to my service level, such as an increase in my work hours or decrease in income which will result in a reduction in my family fees.

_____ 3. I understand that I am responsible for providing Pathways LA with accurate documentation regarding my income. This includes, but is not limited to, pay stubs, letters from my employer, most recently signed and completed tax returns, quarterly estimated tax statements, or other records to support the reported income.

_____ 4. I understand that I must submit income information at my recertification.

_____ 5. In addition to my income from my employment, I am required to submit copies of documentation of all non-wage income (such as CalWORKs grant, work bonuses, child support, alimony, etc.)

_____ 6. I understand that my child care specialist will determine my eligible hours based on work hours verified and pay stubs submitted. If the hours reflected on my pay stubs do not coincide with a set schedule, and reflect variable work hours, I will be approved on a variable schedule. If I do not agree with decision, I may file an Appeal and will be required to submit supportive documentation to change the approved hours to a set schedule.

_____ 7. At certification, if my income fluctuates, I will be required to submit two months' worth of complete paystubs in order to extend services for no less than 12 months for (C2AP and C3AP programs) or 24 months for (AP, CSPP, and CCTR programs). I understand that failure to submit complete income information will be grounds for termination of child care services.

_____ 8. Child care services provided for variable schedules are not eligible for holidays, absences, or best interest days.

I understand that my failure to comply with the rules of the program or terms of this employment agreement may result in the immediate termination of child care services in which case I become solely responsible for paying for all of my child care costs. In addition, I understand that I may not alter the terms of this agreement without prior written approval from Pathways LA and that Pathways LA reserves the right to request additional documentation regarding my employment.

I have read and fully understand and agree with the terms of these employment policies.

Parent Name: _____ Date: _____

Parent Signature: _____

Authorization for Release of Employment Information

I, _____ (Parent/Employee's Name), hereby authorize Pathways LA and its representatives to verify my employment for purposes of determining my eligibility for the Child Care Payment and Assistance Programs. This includes, but is not limited to, my start date, work schedule, rate of pay, and employment location.

For employee identification purposes, I am providing the following information

Date of birth: ____/____/____

Parent/Employee's Signature

Date

**Parent: Please ensure your name is legible and that you sign and date the form.
Incomplete or illegible forms will not be valid.*

Employment Information

To be completed by the **PARENT**

Parent Name: _____

Company/Employer Name: _____ Employer Phone: _____

Company/Employer Address: _____ City: _____ Zip: _____

Supervisor Name: _____ Supervisor Title: _____

What is your position? _____ When did you begin work? _____

Business Hours of Operation: _____

Do you work at address above: Yes No (indicate actual location): _____

Is this a permanent job? Yes No (indicate end date: _____)

You are paid: via Personal Check via Payroll Check

in cash (please submit a statement from your employer indicating your job duties and work responsibilities.)

Payday is: Weekly Every 2 weeks Twice a month Monthly

Your Wages: \$ _____ per _____ (hour, week, day, month or, year)

Do you receive: Tips? Yes No Commission? Yes No

Potential for overtime? Yes No Other Compensation? Yes No

Indicate the total income received for the last month: \$ _____ (If yes, please specify: _____)

Schedule:

Length of Lunch period: 30 minutes 60 minutes Other: _____ Is Lunch paid? Yes No

1. Your work schedule is set (the same every week) as follows:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start	am / pm	am / pm	am / pm	am / pm	am / pm	am / pm	am / pm
End	am / pm	am / pm	am / pm	am / pm	am / pm	am / pm	am / pm

2. Your work schedule is variable (changes from week to week.)

Days Vary: indicate max days _____ Hours Vary: indicate max hours per week _____

If applicable: please indicate the range of days and hours of the variable schedule:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start	am / pm	am / pm	am / pm	am / pm	am / pm	am / pm	am / pm
End	am / pm	am / pm	am / pm	am / pm	am / pm	am / pm	am / pm

Please check box if the hours are 24 hours per day, 7 days per week: Yes No

3. Rotating schedule. Please specify: _____

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained on this page is true and correct to the best of my knowledge.

Parent signature: _____

Date: _____

**All information provided is subject to verification by Pathways*

PATHWAYS LA OFFICE USE ONLY

Verified: Yes No Via: Paystubs Employer Other Initials: _____ Date: _____

Request for Travel Time

Name: _____ Case Manager: _____

In order to assist us in assessing your child care needs, please indicate the following:

Title 5 18086(e)(1) – travel to and from the location at which services are provided and the place of employment, not to exceed half of the daily hours authorized for employment to a maximum of four hours per day.

Title 5 18087(k)(1) – travel to and from the location at which services are provided and the training location, not to exceed half of the weekly hours authorized for training to a maximum of four hours per day.

Your provider's address:

_____ street address

_____ city

_____ zip code

(if more than one, please indicate):

_____ street address

_____ city

_____ zip code

Your final destination:

_____ street address

_____ city

_____ zip code

Your method of transportation (circle):

Car Bus Train Walk other: _____

The amount of travel time you are requesting *from provider to activity* way: _____ minutes

The amount of travel time you are requesting *from activity to provider* way: _____ minutes

Please explain why you are requesting this amount of transportation:

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information in this statement of facts is true, correct, and complete.

Signature: _____ Date: _____

For Office Use Only:

Travel time was verified via: ___ Google Maps ___ Metro.net ___ Other: _____

Amount of travel time granted: _____ minutes **to** activity _____ minutes **from** activity _____

I attest this travel time is reasonable and therefore approve it: Staff initials: _____ Date: _____