

San Francisco County Pilot Program UPDATE Employment Schedule Verification Form (01/01/18)

Name of Employee _____ Employee ID #: _____
 Name of Business/Company _____ Business/Company Phone # _____
 Business/Company Address _____ City/State/Zip: _____
 Name of Child(ren) _____
MY SIGNATURE AUTHORIZES MY EMPLOYER TO RELEASE THE INFORMATION REQUESTED BELOW.
 Applicant Signature: _____ Date: _____

RETURN TO THE ATTENTION OF: _____ 415-586-6139
 Agency Staff Name Agency Contact Number

SEND BY: Fax: 415-586-2339 OR Scan & Email: _____
 Agency Fax # Agency Email Address

TO BE COMPLETED OR PROVIDED BY EMPLOYER

Change of Work Schedule Effective Date: _____
 Hire Date: _____ Job Title: _____
 Description of work: _____
 Usual Business Hours: _____
 Actual Worksite Location if different from the above address:
 Address: _____ City/State/Zip: _____ Phone #: _____

Type of Schedule: SET VARIABLE ON-CALL

Work Schedule: If SET schedule, please provide start & end time per day. (example: 8am-5pm)

	SUN	MONDAY	TUESDAY	WED	THURSDAY	FRIDAY	SAT
Work Schedule	Start: _____	Start: _____	Start: _____	Start: _____	Start: _____	Start: _____	Start: _____
	End: _____	End: _____	End: _____	End: _____	End: _____	End: _____	End: _____

Work Schedule: If schedule is VARIABLE, please mark all possible days of work.
 SUN MON TUES WED THUR FRI SAT

Total number of hours per week: _____

Earliest work start time: _____	AND	Latest work end time: _____
Minimum hours a day: _____	AND	Maximum hours a day: _____
Minimum days per week: _____	AND	Maximum days per week: _____

I CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE STATED INFORMATION IS TRUE AND ACCURATE.

EMPLOYER NAME AND TITLE _____ EMPLOYER SIGNATURE _____
 EMAIL _____ CONTACT PHONE NUMBER _____ DATE _____

STAFF USE ONLY (see Title 5, §18086)
Verification: Date: _____ Time: _____
 Name and Title of employer representative who confirmed above information _____
Comments/Notes: _____
Staff name: _____ **Staff signature:** _____