

# CHILD CARE PAYMENT PROGRAM

711 East Main St. Quincy, CA 95971 – (530) 283-2735 Fax: (530) 283-3647

## Self Declaration of Employment

Staff Initials:

I, \_\_\_\_\_ living at \_\_\_\_\_  
**Name (PRINT)** **Address**  
city of \_\_\_\_\_ state of \_\_\_\_\_ declare on \_\_\_\_\_  
**Date**  
that I am employed by: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
**Employer's Name** **Employer's Phone Number**  
\_\_\_\_\_  
**Employer's Address** **City** **State** **Zip Code**

My job title is: \_\_\_\_\_ My date of hire: \_\_\_\_/\_\_\_\_/\_\_\_\_

I am paid:  \$ \_\_\_\_/Hour  \$ \_\_\_\_/Day  \$ \_\_\_\_/Week  \$ \_\_\_\_ Month

**GROSS MONTHLY** salary I receive (before deductions) is \$ \_\_\_\_\_

Late date I received a pay increase: \_\_\_\_\_

Check the one  
That applies to you

I worked a variable schedule. The most number of hours per week ranges from:  
\_\_\_\_\_ Hours to \_\_\_\_\_ hours.

Min. per week Max per week

I work a set schedule (complete the section below and circle am or pm).

Monday	from _____ a.m. /p.m.	To _____ a.m. /p.m.
Tuesday	from _____ a.m. /p.m.	To _____ a.m. / p.m.
Wednesday	from _____ a.m. /p.m.	To _____ a.m. / p.m.
Thursday	from _____ a.m. / p.m.	To _____ a.m. / p.m.
Friday	from _____ a.m. / p.m.	To _____ a.m. / p.m.
Saturday	from _____ a.m. / p.m.	To _____ a.m. / p.m.
Sunday	from _____ a.m. / p.m.	To _____ a.m. / p.m.

Name of Supervisor \_\_\_\_\_

I certify under penalty of perjury and the laws of the State of California that the information recorded above is true and correct to the best of my knowledge. I understand that all information on this form is held in confidence and is only available to Child Care Payment Program's Staff, California Department of Education officials, audit personnel and Plumas County Health and Social Services Department.

*I understand that I may be required to submit additional documentation to verify employment.*

\_\_\_\_\_  
Name (PRINT)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date