

COUNTY OF ULSTER

DEPARTMENT OF SOCIAL SERVICES

1091 DEVELOPMENT COURT
KINGSTON, NEW YORK 12401-1959

Patrick K. Ryan, County Executive

Michael A. Iapoce Esq., Commissioner
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Maria Ruffner, **Daycare Supervisor**
(845) 334-5316 (845) 334-5192 Fax

WORK VERIFICATION FORM

Dear Sir/Madam:

U.C. D.S.S. Day Care Unit requires a completed Work Verification Form before any childcare will be authorized for our clients. Please complete this form as soon as possible. **If this form is not completed and signed by the employer, it is not considered a valid verification of employment and will not be accepted by the Ulster County Department of Social Services.**

Section I

Employee Name: _____ Employer name: _____

Employer address: _____

Employer Telephone: _____ Employer Fax Number: _____

Hours worked per week: _____ Hourly rate of pay: _____

Date employment began: _____ Paid lunch (check one) yes no

Section II Client's Work Schedule (days and arrival/departure times must be filled in)

Hours should reflect exact schedule employee is required to work each day. Please include arrival and departure times as well as AM or PM.

Mon. _____ Tue. _____ Wed _____ Thurs. _____

Fri. _____ Sat. _____ Sun. _____

Comments: _____

****Please note: If the client's days and hours vary, they may be required to supply a monthly work verification at the end of each month which must be completed by their employer. ****

Certification: I certify that I am the employer of the above named individual and that I have completed all entries on this form.

Employer Signature

Date

Employer's Name (Please Print)

Thank you for your time in completing this form. You may be contacted by U.C. D.S.S. to verify the information that you have provided on this form and also the signature on the form. If you have any questions when completing this form contact the Ulster County Day Care Unit at (845)-334-5489.