



3425 N Dries Ln Peoria IL 61604
 1-800-421-4371 FAX: 309-686-3850
 www.salchildcareconnection.org

MONTHLY WORK HOUR VERIFICATION

(To be completed by Employer)

Employee Name: _____
 Social Security # _____ - _____ - _____

=====

(Special Instructions to Employer)

Please indicate which days and hours the employee worked for the month. Be certain to list the hours with AM and PM indicated. If the employee did not work that day, please enter "0".

Month/Year: _____/_____

Sun	Mon	Tue	Wed	Thu	Fri	Sat

**Photocopies of employee's work schedule will also be accepted, provided employer completes and signs the following –

Employer: _____ Phone: () _____

Address: _____

City/State/Zip: _____

Supervisor Name/Signature: _____

Title: _____ Date: ____ / ____ / ____

Special Instructions to Employee/Client:

You **must** attach your check stubs for the entire period listed above. **This form will not be accepted without them.**