



NASSAU COUNTY  
 DEPARTMENT OF SOCIAL SERVICES  
 60 CHARLES LINDBERGH BLVD., SUITE 160  
 UNIONDALE, NEW YORK 11553-3686  
 Phone: (516) 227-7976 Fax: (516) 227-8710

**DAY CARE SERVICES EMPLOYMENT VERIFICATION**  
**EMPLOYER COMPLETES FORM**

**EMPLOYER'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

**EMPLOYEE'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

**SOCIAL SECURITY NO.:** \_\_\_\_\_ (*Optional - for income verification only per NYS  
 Administrative Directive 05-OCFS-ADM-03*):

**NATURE OF EMPLOYMENT:** \_\_\_\_\_

**DATE EMPLOYMENT BEGAN OR WILL START:** \_\_\_\_\_

Days of Employment

- ( ) Monday
- ( ) Tuesday
- ( ) Wednesday
- ( ) Thursday
- ( ) Friday
- ( ) Saturday
- ( ) Sunday

Hours of Employment

- From \_\_\_\_\_ To \_\_\_\_\_

Comments for irregular hours/days: \_\_\_\_\_

Gross Income: \_\_\_\_\_ Per ( ) day ( ) week ( ) month ( ) year.

Will client receive a 1099 form at the end of the year? ( ) yes ( ) no

The above is a true account of our employment records as related to the above-mentioned employee.

\_\_\_\_\_  
**Employer (Print Name)**

\_\_\_\_\_  
**Employer Authorized Signature**

Sworn to before me this  
 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
 Notary Public

Reviewed by: \_\_\_\_\_  
**Day Care Worker**

\_\_\_\_\_  
**Date**