

Onslow County Partnership for Children

900 Dennis Drive, Jacksonville, NC 28546 Phone: 910-938-0336 Fax: 910-938-0068

www.onslowkids.org

WORK HOURS FORM

Dear Employer, _____ has applied for child care services from our agency. In order to determine how much child care is needed, we need you to provide us with some information:

Please fill out this form in its entirety. Be sure to list the employee's normal work schedule. Use the earliest and latest time expected to work. Please enter available hours if they vary from the employee's normal schedule. It is very important that you give the days and hours worked per week, the number of weekends per month, the rate of pay and how often the employee is paid. This information will be used to set up the client's hours of care and determine the fee to the provider.

Please sign, date, and return to the employee or you may fax it directly to the Onslow County Partnership for Children. This information will be used to set up the client's hours of care and determine the fee to the provider.

TO BE COMPLETED BY YOUR EMPLOYER:

Name of Business: _____

Business/Company Address: _____

Date Employment Began/Resumed: _____

Normal Work Schedule:

Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____
Saturday _____
Sunday _____

Hours Available to Work if Varies:

(Earliest time and latest time employee will work)

Please answer the following questions:

How many days worked per week? _____

How many hours worked per week? _____

How many weekends worked per month? _____

What is the rate of hourly pay (to include tips and commission)? _____

How often paid (weekly, bi-weekly, monthly, semi-monthly)? _____

Signature of Employer

Date

Title (Please Print Name)

Phone Number

Please return to:

Onslow County Partnership for Children
Child Care Subsidy

Phone Number: (910)938-0336

Fax Number: (910)938-0068

