



**COMPTON**  
UNIFIED SCHOOL DISTRICT

**Compton Unified School District Child Development Program  
Employment Verification**

Parent's/Guardian's Name \_\_\_\_\_ Child's Name \_\_\_\_\_

Home Address: \_\_\_\_\_  
Number and Street City Zip Phone Number

Name of Employer \_\_\_\_\_

Worksite Address: \_\_\_\_\_  
Number and Street City State Zip

Worksite Phone Number: \_\_\_\_\_

*I authorize my employer, described above, to release the requested employment information, without liability to:*  
Autorizo a mi empleador, descrito anteriormente, para dar la información de empleo solicitado, sin responsabilidad, a:

**Compton Unified School District, Child Development**  
14431 S. Stanford Avenue  
Compton, CA 90220  
Phone (310) 898-6008; Fax (310) 523-9148

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

*Dear Employer:*

*Please fill in the following information and return this form to Compton Unified School District, Child Development at the address or fax number above.*

Date Employment Began: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Daily Hours of Work (e.g., 9:00am to 5:00pm)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
to	to	to	to	to	to	to

Amount of Gross Pay: \$ \_\_\_\_\_

Please circle one: CASH or CHECK

Pay Schedule (Frequency gross pay is received):

weekly bi-weekly semi-monthly monthly other: \_\_\_\_\_

\_\_\_\_\_  
Name and Title of Employer's Representative

\_\_\_\_\_  
Signature of Employer's Representative

**FOR OFFICE USE ONLY - PLEASE DO NOT WRITE BELOW THIS LINE**

\_\_\_\_\_  
Date Verified

\_\_\_\_\_  
Time Verified

\_\_\_\_\_  
Name and Title of Employer Representative

\_\_\_\_\_  
Verified By (Name and Title of Agency Authorized Representative)

\_\_\_\_\_  
Signature of Agency Authorized Representative