

**Carter Cares After School Program**

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**Attention:** This form must be signed by your employer *before* submitting to Carter Cares.

Employee's Name: \_\_\_\_\_

I authorize my employer to release the following information to Carter County Schools, Carter Cares After School Program. I understand this form is for eligibility purposes and that I will be asked to submit additional proof of income with my next Redetermination. I understand that Carter Cares After School Program may need to verify this information or contact the employer by phone.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY THE EMPLOYER:**

Name of business: (if applicable) \_\_\_\_\_

Type of business or work performed: \_\_\_\_\_

Name of business owner or supervisor: \_\_\_\_\_

Business address: \_\_\_\_\_

Start date of current employment: \_\_\_\_\_

Actual – or average – number of hours worked by the employee per week: \_\_\_\_\_

The employee is paid by (*check one*): \_\_\_ cash \_\_\_ payroll check \_\_\_ other (please specify) \_\_\_\_\_

The employee is paid (*check one*): \_\_\_ weekly \_\_\_ biweekly \_\_\_ semi-monthly \_\_\_ monthly

The employee receives a gross amount of \$\_\_\_\_\_ per pay period. (*If amount varies, please give an average amount*).

The employee's hourly wage: \$\_\_\_\_\_/per hour

The employee receives tips or commissions in this estimated amount: \$\_\_\_\_\_/per week

I verify the above information is true and correct to the best of my knowledge.

Employer's Name (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Employer's Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

**Parent: Please return this form with a copy of your most recent paycheck stub to your Carter Cares Site Director prior to the start date of your child.**