



Compton Unified School District

Early Childhood Development

411 N. Tajauta Avenue

Compton, CA 90220

(310) 898-6008



Employment Verification

Parent's/Guardian's
Name _____

Child's Name _____

Home Address _____

City _____

Zip _____

Home Phone # _____

Cell # _____

Name of Employer _____

Work Address _____

City _____

Zip _____

Work Phone # _____

I authorize my employer, described above, to release the requested employment information, without liability to CUSD/ECE.

Autorizo a mi empleador, descrito anteriormente, para dar la información de empleo solicitado, sin responsabilidad, a CUSD/ECE.

Signature of Parent/Guardian _____

Date _____

Dear Employer:

Please fill in the following information and return this to Compton Unified School District, Early Childhood Development at the address above or scan and send to tlockwood@compton.k12.ca.us.

Date Employment Began: _____

Today's Date: _____

Daily Hours of Work (eg: 9:00 am to 5:00 pm)

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

Name and Title of Employer's Representative _____

Signature of Employer's Representative _____

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

VERIFIED BY: CUSD EMPLOYEE

DATE & TIME VERIFIED