

AUTHORIZATION TO RELEASE EMPLOYMENT INFORMATION

Completed by Parent/Guardian (Full Day and Part Day Program)

Student	's Name							
Employee Name Company Business Name					Compan	y Phone Number	r	
					Company Contact Name			
Company Address				City			Zip code	
	Inified School Distri Inder penalty and pe						yment & income inf	ormation.
Employee Signature					:			
*****	*****	*****	*****	******	*****	*****	*****	*****
To be (Completed by Em	ployer (Huma	n Resources/Pay	yroll Departmen	<u>t)</u>			
Full Da	y Program Only.	Form may be	e submitted by en	nail: earlylearni	ng@fresnouni	fied.org		
any que	to provide child c stion about the co if the employee w	mpletion of thi	s form please con	ntact our Early Le				If you have
Set	Schedule – Please	e specify the er	nployee's set wo	rk schedule for ea	ich day. (Exa	mple: Monday 8	8am - 5pm)	
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
🗌 Va	riable Schedule –	Please specify	the employee's v	ariable work sch	edule.			
Ро	ssible days the en	nployee may w	ork (Circle all th	at apply: M T	W TH	F Sa Su)		
Ea	arliest work start ti	ime:	Late	st work end time:				
М	aximum number c	of hours worke	d per day:					
	the employee's w							
		C						
Ра	id by: 🗌 Paych	ieck $\Box C$	ash ∟P	ersonal Check				
Pa	y Period: 🗌 Dail	y 🗌 W	eekly DE	Every two weeks	🗌 Twie	e per month	Monthly	
	declare or affirm u do so before any tri						nd would so testify	under oath, if
PLEASI	E NOTE: "Perjury is	s punishable by	imprisonment in th	he state prison for t	wo, three, or foi	ur years"—PC Sec	ction 126	
Name of Person Completing Form					Title			

Date