

ONslow COUNTY DEPARTMENT OF SOCIAL SERVICES
PO BOX 1379
JACKSONVILLE, NC 28541-1379

TO BE COMPLETED BY YOUR EMPLOYER:

_____ has applied for day care services from our agency. In order to determine how much day care is needed, we need the following information:

Name of Business: _____

Date Employment Began/Resumed: _____

Normal Work Schedule:

Hours Available to Work if Varies:

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

Please answer the following questions:

How many days and 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: _____ Day Care Intake Worker

Onslow County DSS – Day Care Section
cc: file

Phone Number 455-4145
Fax Number 455-2901

Please fill out this form in its entirety. List employee's normal work schedule. Be sure to use the earliest time and latest time expected to work. Please enter available hours if they vary from employee's normal schedule. It is very important you give me the days and hours worked per week, # of weekends per month, rate of pay and how often paid. Please sign and date and return to employee or you may fax it directly to me. This information will be used to set up client's hours of care and fee to the provider. Thank you for your cooperation.