



Region of Waterloo

COMMUNITY SERVICES

Children's Services

## EMPLOYMENT VERIFICATION

### To Be Completed By Employer

Name of Employee: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date (if applicable): \_\_\_\_\_

Is employee returning from a leave (i.e. maternity)  Yes  No

If so, date of scheduled return from leave: \_\_\_\_\_

Minimum to maximum work hours: \_\_\_\_\_ to \_\_\_\_\_ Weekly  Bi-Weekly

Possible work days in the week: M  T  W  TH  F  Sat  Sun

Hourly wage: \_\_\_\_\_

Are deductions taken at source? Y  N

Shifts (actual shifts or possible shifts that could be worked / i.e.9-5/4-8/1-9):

\_\_\_\_\_  
\_\_\_\_\_

Is overtime or are additional shifts a possibility? Y  N

Signature: \_\_\_\_\_

Title (Owner/Manager/Supervisor): \_\_\_\_\_

Date: \_\_\_\_\_ Contact Number: \_\_\_\_\_