



WORK HOURS FORM

Dear Employer, _____ has applied for child care services from our agency. In order to determine how much child care is needed, we need you to provide us with some information:

Please fill out this form in its entirety. Be sure to list the employee’s normal work schedule. Use the earliest and latest time expected to work. Please enter available hours if they vary from the employee’s normal schedule. It is very important that you give the days and hours worked per week, the number of weekends per month, the rate of pay and how often the employee is paid. This information will be used to set up the client’s hours of care and determine the fee to the provider.

Please sign, date, and return to the employee or you may fax it directly to the Onslow County Department of Social Services. This information will be used to set up the client’s hours of care and determine the fee to the provider.

TO BE COMPLETED BY YOUR EMPLOYER:

Name of Business: _____
Business/Company Address: _____
Date Employment Began/Resumed: _____

Normal Work Schedule:

Hours Available to Work if Varies:

(Earliest time and latest time employee will work)

Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
Sunday	_____	_____

Please answer the following questions:

How many days worked per week? _____
How many 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

Phone Number

Please return to:
Onslow County DSS – Child Care Subsidy Phone Number: (910) 455-4145 Fax Number: (910) 219-4983