



**DEPARTMENT OF HUMAN SERVICES**  
**Monroe County, New York**

**Adam Bello**  
**County Executive**

**Thalia Wright**  
**Commissioner**

**WORK SCHEDULE FORM**  
 (To Be Completed by Employer/Management)

**\*\*For those companies that use the "Work Number" please complete the work schedule portion of this form and supply us with your "work number" company code for wage verification\*\***

Date \_\_\_\_\_

Case # \_\_\_\_\_

Employee name & complete address \_\_\_\_\_

Employer name & complete address \_\_\_\_\_ \*\*Company Code \_\_\_\_\_

Hire date / Restart date: \_\_\_\_\_ Position is: **10** month \_\_\_\_\_ **12** month \_\_\_\_\_ **Other** \_\_\_\_\_

Number of hours per week \_\_\_\_\_ Pay rate per hour \$ \_\_\_\_\_

**Paid: Weekly** \_\_\_\_\_ **Bi-Weekly** \_\_\_\_\_ **Semi-Monthly** \_\_\_\_\_ (ie. 1<sup>st</sup> & 15<sup>th</sup> or 15<sup>th</sup> & 30<sup>th</sup>)

**Client's work schedule (If hours vary state the last two weeks)**

DAY of WEEK	(example: 7:00am-3:00pm)	(11:00pm-7:00am)
<b>SUNDAY</b>		
<b>MONDAY</b>		
<b>TUESDAY</b>		
<b>WEDNESDAY</b>		
<b>THURSDAY</b>		
<b>FRIDAY</b>		
<b>SATURDAY</b>		

**Special arrangements** regarding work schedule (alternating work weeks, shifts, overtime) \_\_\_\_\_

Supervisor/Manager Name (**print**) \_\_\_\_\_

Supervisor/Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

Manager Contact number \_\_\_\_\_ Contact Time \_\_\_\_\_

**DHS Worker:** \_\_\_\_\_ **Worker Phone:** \_\_\_\_\_ **Worker Fax:** \_\_\_\_\_

Child Care Team  
 111 Westfall Rd Rochester NY 14620  
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