



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. 1st & 15th or 15th & 30th)

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

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

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
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