

SOLANO FAMILY & CHILDREN'S SERVICES

421 Executive Court North – Fairfield, CA 94534-4019 – (707) 863-3950/642-5148 – Fax: (707) 863-3975

Employment Work Schedule and Income Statement

Complete one form for each month and keep them until requested by SFCS.

FSS initials

Parent's Name: _____

Parent's SS#: _____

Employer's Name: _____

Month Worked: _____

Please Print

Date	Day	Hours Worked (from / to)	Amount Paid	Paid by (check/cash)
	SUN			
	MON			
	TUE			
	WED			
	THU			
	FRI			
	SAT			
	SUN			
	MON			
	TUE			
	WED			
	THU			
	FRI			
	SAT			
	SUN			
	MON			
	TUE			
	WED			
	THU			
	FRI			
	SAT			
	SUN			
	MON			
	TUE			
	WED			
	THU			
	FRI			
	SAT			

**Copies of income verification (i.e. pay stubs, receipts of cash, checks, etc.) are to be submitted with this form as applicable.*

I declare under penalty of perjury that the contents of the above statement are true and correct to the best of my knowledge.

Total Income for Month: \$ _____

Parent's Signature

Date

The purpose of this agency is to promote and advocate for the well-being of children and families in Solano County by providing Subsidized Child Care, Resources & Referrals, Provider/Parent Training and Education, the Child Care Food Program and Community Outreach to address the community's diverse and ever changing needs.