

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			
	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.