



178 Mechanic Street, Lebanon, NH 03766
Phone (603) 448-1615

EMPLOYER
VERIFICATION OF GROSS INCOME

Fill this form out in order to verify sliding fee scale level.

Note: Whenever there is a change in the applicant's job, hours or wage he/she must complete this form again.

Release: I hereby authorize my employer to release to the Children's Center of the Upper Valley the information requested below.

Employee's name: _____

Signature: _____ **Date:** _____

Section Below To Be Filled Out By The Employer

Employer name: _____

Address: _____

Date employment began: _____ **Wage/hr.** _____ **Hrs./Week** _____
OR **Salary:** _____ **Per** _____

Total number of hours worked per week. Please include weekends: _____

Signature of person completing form: _____

Title: _____ **Date:** _____

Thank you,

Jennifer Hosmer
Executive Director