



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

**Adam J. Bello**  
 County Executive

**Corinda Crossdale**  
 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)
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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