 

Work/Activity/School Schedule

Please complete this form for each adult in the household.

**Applicant #1**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Employment/Activity/School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your work schedule vary? \_\_\_\_\_\_\_ Are you asked to work extra hours or days? \_\_\_\_\_\_\_

Are you at work more than 9 hours a day? \_\_\_\_\_\_\_yes, \_\_\_\_\_\_\_no, \_\_\_\_\_\_\_ sometimes

Do you work nights/weekends? \_\_\_\_\_\_\_\_ I normally work \_\_\_\_\_\_\_\_\_ hours per week.

Days and Hours I normally work/activity/school each week are:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Example | **Sun** | **Mon** | **Tue** | **Wed** | **Thu** | **Fri** | **Sat** |
| **Mon**  **6AM – 4PM** |  |  |  |  |  |  |  |

**Applicant #2**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN# \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Employment/Activity/School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your work schedule vary? \_\_\_\_\_\_ Are you asked to work extra hours or days? \_\_\_\_\_\_\_\_

Are you at work more than 9 hours a day? \_\_\_\_\_\_\_yes, \_\_\_\_\_\_\_no, \_\_\_\_\_\_\_ sometimes

Do you work nights/weekends? \_\_\_\_\_\_\_\_ I normally work \_\_\_\_\_\_\_\_\_ hours per week.

Days and Hours I normally work/activity/school each week are:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Example | **Sun** | **Mon** | **Tue** | **Wed** | **Thu** | **Fri** | **Sat** |
| **Mon**  **6AM – 4PM** |  |  |  |  |  |  |  |

I understand that my school readiness services are in part based on my employment or qualifying work activity. If a change occurs you must notify the Early Learning Coalition **within 24 hours** of the change, and submit documentation **within 48 hours** on employer letterhead. The name of the supervisor, or company contact, and phone number at which they can be contacted must be provided, as the Coalition will verify the changes. The documentation may be submitted in person, via fax, or scanned and emailed to [SReligibility@elcescambia.org](mailto:SReligibility@elcescambia.org).

If I fail to report such changes, services for my child may be terminated.

Parent/Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Eligibility Services Specialist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized hours of care per week (including transportation):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_