



COMMUNITY SERVICES AGENCY

Kathryn M. Harwell
Director

251 E. Hackett Road, Modesto, CA
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Phone: 209.558.2500 Fax: 209.558.2558

Case Name:
Case Number:
Case Manager:
District Number:
Date:

Congratulations!!! You are working.

You must mail certification of employment to this office by _____ .

Please provide proof of employment by one of the following: Check stub, acceptance letter, statement on letterhead signed and dated by your employer, or have the employer completes the following:

1. Employer's name: _____
Address: _____
Employer's phone number: _____
2. Job title: _____
3. Job description: _____
4. Employee's start date: _____
5. Employee's hours per week: _____
6. Rate of pay per hour: _____
7. Paid weekly, bi-weekly, twice a month, or monthly _____
 ▶ First pay date: _____
8. List insurance provided: _____
 ▶ Effective date: _____

Employer's signature

Job title

Date