



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

**Maggie Brooks**  
 County Executive

**Kelly A Reed**  
 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\*\***

**Case #**

**Date**

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 \$ \_\_\_\_\_

**Last 4** current, consecutive weeks' **gross** wages and **pay date** for each

1. \$ \_\_\_\_\_ **Pay date** \_\_\_\_\_ 2. \$ \_\_\_\_\_ **Pay date** \_\_\_\_\_

3. \$ \_\_\_\_\_ **Pay date** \_\_\_\_\_ 4. \$ \_\_\_\_\_ **Pay date** \_\_\_\_\_

**Client's work schedule (If hours vary state the last two weeks)**

DAY of WEEK	( example: 7:00am-3:00pm)	(11:00pm-7:00am)
<b>SUNDAY</b>		
<b>MONDAY</b>		
<b>TUESDAY</b>		
<b>WEDNESDAY</b>		
<b>THURSDAY</b>		
<b>FRIDAY</b>		
<b>SATURDAY</b>		

**Special arrangements** regarding work schedule (alternating work weeks, shifts, overtime)

Supervisor/Manager Name (**print**) \_\_\_\_\_

Supervisor/Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

Manager Contact number \_\_\_\_\_ Contact Time \_\_\_\_\_

**Evaluator:**

**Phone:**

**Fax: 585-753-6308**