



**EARLY EDUCATION**  
260 South Willow Avenue, Rialto CA 92376  
(909) 873-4300 Fax: (909) 873-4301

Address City State Zip code

Name of Employer Contact Person

Address City State Zip code

Employer Phone Employer Email

Hire Date Work Hours: Start End Job Title

Days of Employment: Sun Mon Tue Wed \_\_\_\_\_ Thurs Fri \_\_\_\_\_ Sat

Pay Schedule:  Weekly  Bi-Weekly  Twice a Month  Monthly Gross Salary (Per Pay Period) \$

Note: If blank, no holidays. Holiday Date: Minimum hours per week: Max:



Name:  
Name:

Verified by:

DISTRITO ESCOLAR UNIFICADO DE RIALTO  
EDUCACION TEMPRANA



[Redacted area]

Early Education

(909) 421-4201 Fax: (909) 421-7602

**Autorización de Otorgar Información**

Yo \_\_\_\_\_, padre de \_\_\_\_\_, doy permiso a la \_\_\_\_\_  
(Nombre del Empleado) (Nombre del Estudiante)

[Redacted area]

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

\_\_\_\_\_ Contact Person \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Employer Phone \_\_\_\_\_ Employer Email \_\_\_\_\_

Hire Date \_\_\_\_\_ Work Hours: Start \_\_\_\_\_ End \_\_\_\_\_ Job Title \_\_\_\_\_

Days of Employment: Sun \_\_\_\_\_ Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_

Pay Schedule:  Weekly  Bi-Weekly  Twice a Month  Monthly Gross Salary (Per Pay Period) \$ \_\_\_\_\_

[Redacted area]

DATE

**OFFICE USE ONLY**

[Redacted area]

Verified by: