

### Work and School Schedule

Case Name: \_\_\_\_\_ Service Agent Staff Name: \_\_\_\_\_  
Case Number: \_\_\_\_\_ Date: \_\_\_\_\_  
Date Form Due Back to Service Agent: \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, ST, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

| Work Schedule For _____ |     |     |      |     |      |     |     |
|-------------------------|-----|-----|------|-----|------|-----|-----|
| Hours                   | Sun | Mon | Tues | Wed | Thur | Fri | Sat |
| AM/PM                   |     |     |      |     |      |     |     |
| PM/AM                   |     |     |      |     |      |     |     |
| School Schedule         |     |     |      |     |      |     |     |
| Hours                   | Sun | Mon | Tues | Wed | Thur | Fri | Sat |
| AM/PM                   |     |     |      |     |      |     |     |
| PM/AM                   |     |     |      |     |      |     |     |

Explanation of varying work schedule \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand I am responsible to report a change in my employment or educational activity that affects my eligibility or amount of child care benefits. Changes must be reported within ten (10) days of the day the change is known. Failure to report a change may result in an erroneous payment that I have to pay back.

Applicant/Active Client's Signature \_\_\_\_\_  
Date \_\_\_\_\_

**Return Form to:**

Service Agent Staff Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip Code

