



## Verification of Maternity Leave Form

**IMPORTANT:** Please **do not ALTER, WRITE OVER OR USE WHITE OUT** on this form. If you make a mistake, you can complete a new form. Use of **WHITE OUT** in any form may delay or prevent determination of services.

I, \_\_\_\_\_, give permission for my employer to release the following information to the Early Learning Coalition of Pasco and Hernando Counties for the purpose of determining my eligibility for the School Readiness program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**This form must be completed by the employer and not the employee. The ELC may contact your employer to confirm information provided.**

1. Business Name: \_\_\_\_\_ Phone # \_\_\_\_\_

2. Business Address: \_\_\_\_\_

3. Employee Name \_\_\_\_\_ SS# \_\_\_\_\_

4. Employee is anticipated to return to work when maternity leave ends:  Yes  No

5. Maternity Leave Start Date: \_\_\_\_\_

6.  Employee is on Paid Leave  Employee is on Unpaid Leave

7. Return to Work Date: \_\_\_\_\_

8. Upon return to work: Anticipated Rate of Pay: \_\_\_\_\_ Anticipated Hours Per Week: \_\_\_\_\_

9. Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The information provided on this form is true and completed to the best of my knowledge. If I knowingly omit or provide false information, I may be liable for prosecution under the law.

Employer Representative \_\_\_\_\_ Title \_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Employer Representative Signature

\_\_\_\_\_  
Contact Phone Number for Representative

\_\_\_\_\_  
Date