Verification of Employment or Loss of Employment 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.

SECTION A- EMPLOYMENT INFORMATION: (To be completed by employer)

1. Business Name: _____ Phone # _____

2. Business Address: _____

3. Employee Name _____ SS# _____

4. Date Employment Began _____ Pay Frequency: ☐ Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly

5. Rate of Pay: $_____ per _____ (hour/day/week/etc.) Does employee receive tips? ☐ Yes ☐ No

6. Estimated number of hours worked per week _____ (DO NOT PUT VARIES) Number of days per week _____

Work Schedule: From: _____ ☐ A.M. ☐ P.M. To: _____ ☐ A. M. ☐ P.M.

7. Does employee receive and/or have access to paystubs? ☐ Yes ☐ No Does employee receive a 1099? ☐ Yes ☐ No

8. Is employment year-round? ☐ Yes ☐ No If NO, specify number of consecutive months: _____

SECTION B- RECORD OF PAY RECEIVED (To be completed by employer)

1. In the space below, list the most current and consecutive FOUR weeks of checks or cash received by the employee along with the gross amount paid, hours worked and the date the checks or cash were issued.

PAY PERIOD END DATE	PAY DATE	GROSS EARNINGS	# OF HOURS WORKED	TIPS (if not included in gross)	NET PAY

2. Please explain any unusual gaps or overtime and indicate if you expect them to reoccur: _____

_____ (Attach separate page if needed).

SECTION C- LOSS OF EMPLOYMENT: (To be completed by employer) **Date employment ended: _____**

SECTION D- EMPLOYER VERIFICATION: (To be completed by employer)

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.

1. Employer Representative _____ _____

Printed Name Title

_____ _____

Employer Representative Signature Date

_____ _____

Employer Contact Phone Number Employer Contact Email Address