



VERIFICATION OF EMPLOYMENT/LOSS OF INCOME

DATE: _____

I, _____, give permission for my employer to release the following information to the Early Learning Coalition of the Big Bend Region for the purpose of determining my eligibility for childcare assistance.

Parent Signature: _____

Section I – General Information

1. Name of Employee: _____ Social Security Number: _____
Address: _____
2. Job Title: _____ Type of Work Performed: _____
3. Number of hours per week: _____ Number of Days per week: _____
4. A. How often is/was this employee paid? Day Week Bi-weekly Monthly
- B. Rate of Pay: \$ _____ per _____ Other: _____
Hr/Day/Wk/Etc (Explain)
5. Date Current Employment began: _____ Date Previously Employed: _____
6. Does/did employee receive tips? Yes No (If yes, please show tips in Section III)

Section II – Loss of Income

1. Date employment ended: _____
2. Reason for termination: _____
3. Is the loss of income Permanent or Temporary?
If temporary, when do you expect the employee to return to work? _____
4. Date employee received final check: _____ Gross Amount: \$ _____
(Please list last 6 weeks of pay in Section III)
5. Will employee receive any vacation pay, retirement refund, or other? Yes No
If yes, what type? _____ Date received: _____ Amount: \$ _____
6. Is employee eligible for any type of benefits from your company, such as ext. insurance coverage, worker's compensation, or other? Yes No

Section III –Record of Pay Received

List the gross amount and dates of checks or cash which were paid for the last 6 weeks in the space below.

Pay Period Ending	Date Pay Received	Gross Earnings	No. of Reg. Hours worked	Rate of Pay	No. of OT hours	Rate of Pay for Overtime	Tips	Earned Income Credit

If hours or rate of pay has varied in the above period, please state why. _____

Section IV – Employer Information

I certify that the information given in this form is true and correct to the best of my knowledge. I also acknowledge that the purposeful giving of false information is a prosecutable offense.

 Signature of Employer

 Employer's Title

 Name of Business

 Telephone Number

 Address

 Date Completed

Return Completed Form To:

Early Learning Coalition of the Big Bend Region

325 John Knox Road, F-140

Tallahassee, FL 32303

Fax: 850-922-0075 or 850-386-9800