



VERIFICATION OF LOSS OF EMPLOYMENT FORM

Your **FORMER EMPLOYER** must complete, sign, and date this form. You, as a former employee, **cannot** complete this form. The ELC may contact your former employer to confirm the below information.

Employer Name: _____

Address: _____

SECTION I – FORMER EMPLOYEE INFORMATION

1. Former Employee Name: _____

2. Date Employment Began: _____

3. Date Employment Ended: _____

4. Is this a seasonal break in employment? Yes No

5. If this is a seasonal break in employment, when will the employee start back? _____

SECTION II – EMPLOYER CERTIFICATION

I certify that the information above is true and complete to the best of my knowledge under the penalty of perjury, which is a first degree misdemeanor, punishable by a defined term of imprisonment, not exceeding one year and/or a fine not exceeding \$1,000 pursuant to sections 837.012, 775.082, and 775.083, Florida Statutes.

By affixing my signature below, I attest that on behalf of the employer listed, I am legally able to provide the information on this form.

Signature of Person Providing Verification

Printed Name and Title of Person Providing Verification

Work Phone Number of Person Providing Verification

Date Completed

SECTION III – ELC USE ONLY

Verified with _____, _____
Name of Person Providing Verification Title

Specialist Signature

Date Verified

NOTE: Do NOT use white-out or correction tape on this form.

Revised 10/30/2017