Please return to: Early Learning Coalition of Pasco & Hernando Counties

Caseworker:

Employment Verification/Loss of Income Form

IMPORTANT: Please **do not ALTER, WRITE OVER OR USE WHITE OUT** on any of the forms provided in the packet. If you make a mistake, you can **complete a new form**, if unable to complete new form, then **MAKE A LINE THROUGH THE ERROR, MAKE (CORRECTIONS) AND INITIAL** the correction. Use of **WHITE OUT** in any form may delay or prevent your child care scholarship re-determination process.

SECTION I- GENERAL INFORMATION: (To be completed by employer)

1. Employee Name _____ SS# _____

2. Employee Address _____

3. Type of work performed by employee _____ Employment began _____

4. Hourly wage received by employee: $_____ Date employment ended _____

5. Number of hours worked per week _____ Number of days per week _____

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

6. Employee Paid $_____ ☐ Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly ☐ Other

7. Does employee receive tips? ☐ Yes ☐ No (If yes, show tips in Section III)

8. Is employment year round? ☐ Yes ☐ No

If NO, specify number of consecutive months: ☐ 12 ☐ 11 ½ ☐ 11 ☐ 10 ½ ☐ 10 ☐ 9 ½ ☐ 9 ☐ Other

SECTION II- EMPLOYER INFORMATION: (To be completed by employer)

1. Employer Representative _____ Title _____

2. Business Name: _____ Phone # _____

3. Business Address: _____

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

1. In the space below, lit the most current and consecutive SIX 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 ENDS	GROSS EARNINGS	# OF HOURS WORKED	TIPS	NET PAY

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

_____ (Attach separate page if needed).

SECTION IV- EMPLOYER VERIFICATION:

The information provided on this form is true and completed to the best of my knowledge. If I knowingly omit or give false information, I may be liable for prosecution under the law. Self-Employment must be documented by submitting Income Tax Return or business records or receipts for expenses.

_____ _____ _____ _____

Employer Representative Signature | Title | Business (Printed or Typed) | Date