



Employment or Loss of Employment Verification Form

Important: Please do not alter, strike through, or use white-out on any form. If you make a mistake, you can complete a new form. Use of white-out may deny or delay determination of services.

I, _____, give permission for my employer to release the following information to the Early Learning Coalition of Orange County for the purpose of determining my eligibility for the School Readiness program (child care assistance).

_____ Parent/Guardian Signature _____ Date

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

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

1. Business Name: _____ Phone # _____
2. Business Address: _____
3. Employee Name _____ SS#(optional) _____
4. Date Employment Began _____ Pay Frequency: Daily 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 _____
7. Does the employee work evenings and/ or weekends? Yes No
8. Is employment seasonal? Yes No If No, specify number of consecutive months: _____
9. How will they receive payment? Paystubs Cash Business/Personal Checks

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 payments received by the employee along with the gross amount paid, hours worked and the date the payments were issued.

PAY PERIOD END DATE	PAY DATE	GROSS EARNINGS	NUMBER 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 a 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 reported to FDLE/DEL for prosecution under the law.

1. Employer Representative _____
Printed Name Title

Employer Representative Signature Date

Employer Contact Phone Number Employer Contact Email Address