EARLY LEARNING COALITION OF ORANGE COUNTY

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.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	WEEKLY TOTALS
DATE:_____ PAY COLLECTED: $_____ HRS:_____	DATE:_____ PAY COLLECTED: $_____ HRS:_____	DATE:_____ PAY COLLECTED: $_____ HRS:_____	DATE:_____ PAY COLLECTED: $_____ HRS:_____	DATE:_____ PAY COLLECTED: $_____ HRS:_____	DATE:_____ PAY COLLECTED: $_____ HRS:_____	DATE:_____ PAY COLLECTED: $_____ HRS:_____	TOTAL PAY COLLECTED: $_____ TOTAL HOURS:_____
DATE:_____ PAY COLLECTED: $_____ HRS:_____	DATE:_____ PAY COLLECTED: $_____ HRS:_____	DATE:_____ PAY COLLECTED: $_____ HRS:_____	DATE:_____ PAY COLLECTED: $_____ HRS:_____	DATE:_____ PAY COLLECTED: $_____ HRS:_____	DATE:_____ PAY COLLECTED: $_____ HRS:_____	DATE:_____ PAY COLLECTED: $_____ HRS:_____	TOTAL PAY COLLECTED: $_____ TOTAL HOURS:_____
DATE:_____ PAY COLLECTED: $_____ HRS:_____	DATE:_____ PAY COLLECTED: $_____ HRS:_____	DATE:_____ PAY COLLECTED: $_____ HRS:_____	DATE:_____ PAY COLLECTED: $_____ HRS:_____	DATE:_____ PAY COLLECTED: $_____ HRS:_____	DATE:_____ PAY COLLECTED: $_____ HRS:_____	DATE:_____ PAY COLLECTED: $_____ HRS:_____	TOTAL PAY COLLECTED: $_____ TOTAL HOURS:_____
DATE:_____ PAY COLLECTED: $_____ HRS:_____	DATE:_____ PAY COLLECTED: $_____ HRS:_____	DATE:_____ PAY COLLECTED: $_____ HRS:_____	DATE:_____ PAY COLLECTED: $_____ HRS:_____	DATE:_____ PAY COLLECTED: $_____ HRS:_____	DATE:_____ PAY COLLECTED: $_____ HRS:_____	DATE:_____ PAY COLLECTED: $_____ HRS:_____	TOTAL PAY COLLECTED: $_____ TOTAL HOURS:_____
DATE:_____ PAY COLLECTED: $_____ HRS:_____	DATE:_____ PAY COLLECTED: $_____ HRS:_____	DATE:_____ PAY COLLECTED: $_____ HRS:_____	DATE:_____ PAY COLLECTED: $_____ HRS:_____	DATE:_____ PAY COLLECTED: $_____ HRS:_____	DATE:_____ PAY COLLECTED: $_____ HRS:_____	DATE:_____ PAY COLLECTED: $_____ HRS:_____	TOTAL PAY COLLECTED: $_____ TOTAL HOURS:_____

Business Name/Employer's Name:_____

☐ Check box to acknowledge you have authorization by the owner to complete Employment Verification. I certify that the information provided is true and complete to the best of my knowledge.

Employer's Signature/Title:_____

Date Completed By Employer:_____

Grand Total Gross Income: $_____

Grand Total Hours Worked:_____