 VERIFICATION OF EMPLOYMENT cid:image001.gif@01CF20FE.6B649690

**Section I – To be completed by Employee:**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize my employer to release my employment information to the Early Learning Coalition School Readiness Services, 3300 N. Pace Blvd, Suite 210, Pensacola, FL 32505.**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of employee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SSN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address of employee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Section II – To be completed by Employer**

**Date current employment began:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Previous employment: Yes No**

**Rate of Pay: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_per hour or $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_per day**

**Pay Schedule: \_\_\_\_\_\_\_daily\_\_\_\_\_\_\_weekly\_\_\_\_\_\_\_biweekly\_\_\_\_\_\_\_semimonthly\_\_\_\_\_\_\_monthly**

**Does the employee receive tips: Yes No If yes, show tips in section II**

**How many hours per week does the employee work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What shift does the employee work? Days Afternoons Evenings Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does the employee work weekends? Yes No**

**Is the employment\_\_\_\_\_seasonal\_\_\_\_\_temporary\_\_\_\_\_permanent -- Season From\_\_\_\_\_\_\_\_\_\_\_To\_\_\_\_\_\_\_\_\_\_\_**

**Section III – To be completed by Employer: Payroll Record**

**In the table below, list the requested information for the last six (6) weeks.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Pay Date** | **Gross Earnings** | **Net Pay** | **Number of Hours Worked** | **Amount of**  **Tips** | **Child Support**  **Deductions** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**If number of hours or rate of pay varies in the above pay periods, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­\_\_\_\_\_**

**Section IV – To be completed by Employer: Loss of Income or Employment**

**Date Employment Ended:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is Termination \_\_\_\_\_\_\_permanent \_\_\_\_\_\_\_unpaid leave \_\_\_\_\_\_\_temporary – if unpaid leave or temporary, when will the employee return to work?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Section V – Employer Information**

**The information written on this form is true and accurate to the best of my knowledge. I am aware that if I have given false information intentionally, I may be subject to prosecution for fraud.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Business Business Address Phone Number**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Person Completing Form Title of Person Completing Form Date Completed[[1]](#endnote-1)**

1. ELC Revised 6/2015 **ELC SCHOOL READINESS SERVICES, 3300 N. PACE BLVD, SUITE 210, PENSACOLA FL 32505**

   **850-332-6775 FAX 850-466-3783** [↑](#endnote-ref-1)