



VERIFICATION OF EMPLOYMENT



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.

Signature _____ Date _____

Name of employee: _____

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 permanent temporary seasonal -- Season From _____ To _____

Section III – To be completed by Employer: Payroll Record

In the table below, list the requested information for the last four (4) 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

Manager/Supervisor/ HR Signature

Print Name and Title

Date Completed