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## VERIFICATION OF EMPLOYMENT AND LOSS OF INCOME FORM

**\*\*\* To be completed by Employer ONLY \*\*\***

ELCAC Specialist: \_\_\_\_\_ Date: \_\_\_\_\_

In order to determine the eligibility of \_\_\_\_\_ for an early learning and education program, please assist us by answering the questions and returning this form to us by \_\_\_\_\_.

PLEASE COMPLETE EACH SECTION THAT HAS BEEN MARKED ON THE **FRONT** AND **BACK** OF THIS FORM.

### **( ) SECTION 1 – GENERAL INFORMATION**

1. Name of Employee \_\_\_\_\_ SS# \_\_\_\_\_

Address of Employee \_\_\_\_\_

2. Job Title \_\_\_\_\_ Type of work-performed \_\_\_\_\_

3. Number of hours worked per week \_\_\_\_\_ Number of days worked per week \_\_\_\_\_

4. How often is the employee paid? ( ) day ( ) week ( ) biweekly ( ) semimonthly ( ) monthly

Rate of pay \$ \_\_\_\_\_ per \_\_\_\_\_ Number of dependents claimed \_\_\_\_\_

Pay Status ( ) company payroll ( ) cash ( ) company business checks

( ) Independent contractors ( ) self-employed ( ) cash employed: **Please ask for an additional list of required income verification documents.**

5. **Date current employment began** \_\_\_\_\_ **Date previously employed** \_\_\_\_\_

6. **Date of first paycheck** \_\_\_\_\_

7. Does employee receive tips? \_\_\_\_\_ **If yes**, show tips in Section 3

8. Is employment seasonal? \_\_\_\_\_ **If yes**, Season begins \_\_\_\_\_ ends \_\_\_\_\_

9. Work Schedule (please list days and times): example provided

Mon: 8am-5pm Tue: 8am-5pm Wed: 6pm-9pm Thurs: 6am-2pm Fri: Off Sat: 3pm-11pm Sun: Off

Mon: \_\_\_\_\_ Tue: \_\_\_\_\_ Wed: \_\_\_\_\_ Thurs: \_\_\_\_\_ Fri: \_\_\_\_\_ Sat: \_\_\_\_\_ Sun: \_\_\_\_\_

**Or if schedule varies please check here** ( )

### **( ) SECTION 2 – LOSS OF INCOME**

1. Employers Name: \_\_\_\_\_ Date employment ended \_\_\_\_\_

**Date of last Pay check** \_\_\_\_\_

2. Reason for termination \_\_\_\_\_

3. Is the loss of income ( ) permanent? ( ) temporary? Date expected to return to work \_\_\_\_\_

4. Is the employee eligible for insurance coverage or workers compensation? Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain: \_\_\_\_\_

**( ) SECTION 3 – VERIFICATION OF EMPLOYMENT**

1. List the **gross amounts** and **dates of checks** or **cash** which were paid within the last six weeks during the month(s) of \_\_\_\_\_ in the space below. **An example is provided:**

Pay Period Begin-End	Date Received	Gross	Hours Worked	Tips	Earned Income Credit	Net Pay
9/7/08-9/13/08	9/19/08	640.00	40	0	NA	574.16

2. If *\*hours or rate of pay has varied or changed\** in the above period, please state why:

*(Ex: Rate of pay increase eff 9/19/08; Decrease in hours eff 9/19/08 due to medical complications; Increase in hours eff 9/19/08)*

**( ) SECTION 4 – EMPLOYER INFORMATION**

I certify that the information I have provided is true and correct to the best of my knowledge. If I knowingly give false information I may be subject to prosecution under penalty of law.

\_\_\_\_\_  
Signature of Employer

\_\_\_\_\_  
Print Employer's Name

\_\_\_\_\_  
Name of Business

\_\_\_\_\_  
Employer's Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Date Completed

**NOTARY REQUIRED FOR: INDEPENDENT CONTRACTORS, SELF-EMPLOYMENT, CASH / BUSINESS CHECKS PAYMENTS.**

**II. To be completed by Employee in the presence of a Notary:**

I certify that the information provided above is true and complete to the best of my knowledge. I am aware that if I knowingly provide false information, I will be reported to the Department of Law Enforcement Division of Public Assistance Fraud.

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

**Notary:**

Subscribed and sworn to, before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My commission expires: \_\_\_\_\_ County of: \_\_\_\_\_

Signature of Notary: \_\_\_\_\_