

LOSS OF EMPLOYMENT – TEMPORARY/PERMANENT

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

To be completed by employer if reporting temporary or permanent loss of employment. DO NOT USE WHITEOUT. IF CORRECTIONS NEED TO BE MADE, CROSS OUT THE ERROR, AND INITIAL THE CORRECTION.

SECTION I – GENERAL INFORMATION:

1. Employee Name: _____ SS#: _____

Employee Address: _____

2. Date Employment began : _____

SECTION II – EMPLOYER INFORMATION:

1. Employer Name: _____ Title: _____

2. Business Name: _____ Phone #: _____

3. Business Address: _____

SECTION III – TEMPORARY LOSS (IF PERMANENT SKIP TO SECTION IV):

1. Last Day of Employment: _____ Anticipated Return Date: _____

2. Reason for Leave:

- The birth of the employee's child or the need to care for a newborn child
- The adoption of a child or placement of a foster child with the employee within the last year
- The employee must care or his/her spouse, child, or parent who has a serious health condition
- The employee has a serious health condition that make the employee unable to perform the essential functions of his/her job
- This is a seasonal break in employment
- Other: _____

3. Is the employee eligible for insurance coverage or workers compensation? Yes No

Please explain: _____

4. In the space below list the last payment received by the employee along with the gross amount paid, hours worked and date the checks or cash were issued.

Dates of Pay Period	Date Received	Gross	# of Hours Worked	Tips	Net Pay

SECTION IV- PERMANENT LOSS (IF TEMPORARY SKIP TO SECTION V):

1. Date employment ended: _____ Date of last Pay Check: _____

2. In the space below list the last payment received by the employee along with the gross amount paid, hours worked and date the checks or cash were issued.

Dates of Pay Period	Date Received	Gross	# of Hours Worked	Tips	Net Pay

SECTION V- EMPLOYER VERIFICATION:

I certify under the penalty of perjury (a first-degree misdemeanor punishable by a definite term of imprisonment, not exceeding one year and/or a fine not exceeding \$1,000 pursuant to s. 837.012, or 775.082, or 775.083, F.S.) the information provided on this form is true and complete to the best of my knowledge. I know if I give false information on purpose, I may be subject to prosecution for fraud.

Employer Signature

Title

Employer Name (Print)

Date