

Employer, in order to determine the eligibility of _____ for School Readiness services it is necessary to verify the following information. Please complete all applicable sections.

Section 1. Verification of Employment

Name of Employee: _____

Address: _____ Phone _____

Place of Employment: _____ Supervisor: _____

Job Title: _____ Type of Work: _____

Number of Hours Worked per Week; _____ Are employment hours ___regular or ___variable

Date Employment began: _____ Is this employment ___seasonal ___temporary ___permanent

Rate of Pay: _____ per ___hour ___day ___week (check one)

Does Employee receive tips, commissions or gratuities? _____

How often is the employee paid? ___daily ___weekly ___Bi-weekly ___Semi-monthly ___Monthly

Section II – Record of Pay Received

1. List the gross amounts of pay issued to employee during the past four (4) weeks in the space below:

| From | Pay Period To | Number of Hours worked | Gross Earnings | Pay Date |
|------|------------------|---------------------------|----------------|----------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

2. If the hours or pay rate has varied in the above 4 week period, please state why: _____

Section III Verification of Loss of Income

Date Employment Ended: _____ Reason for termination _____

Is Termination ___permanent ___unpaid leave ___temporary ___

If unpaid leave or temporary, when do you expect the employee to return to work ? _____

Section IV Employer Certification

This information is true and correct to the best of my knowledge. I know that if I give false information on purpose, I may be subject to prosecution for fraud.

Signature of Person Completing Form

Title of Person Completing Form

Name of Business

Telephone

Business Address

Date Information Completed: _____