



Verification of Employment/ Loss of Income

The order to determine the financial eligibility of _____ for school readiness services for the children in the home it is necessary to verify the following information. Please complete the marked sections.

Section 1. Verification of Employment

Name of Employee: _____ SSN: _____

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 ____ monthly

Section II – Record of Pay Received

1. List the gross amounts of pay issued to employee during the past six(6) weeks in the space below.

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

2. If the hours or rate has varied in the above 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 Information

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

Address

Date Information Completed: _____