

Verification of Employment

SECTION 1: EMPLOYEE/CONTRACTOR INFORMATION (To be completed by employee)

Employee Name: _____ SSN: _____

Employee Signature: _____ Date: _____

The person named above is applying for School Readiness services, which are funded through state and federal grants. In order to receive these services, the individual must provide proof of earned income. The individual has reported an employment or contractual relationship with your business and as a result, **we are requesting that a management level employee of your business complete the sections below.** We cannot accept forms that include whiteout. Please cross out errors and initial. Thank you.

SECTION 2: EMPLOYER INFORMATION

Employer Name: _____ Phone Number: _____

Address _____ City, State, Zip _____

SECTION 3: WORK SCHEDULE AND PAY

Hire date _____ Rate of pay _____ Total hours per week _____ Number of Days per week _____

Is this a seasonal or temporary position? Yes No If yes, what are the dates of the regular season: Start Date: _____ End Date: _____

INDICATE DAYS WORKED:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

DOES THIS EMPLOYEE RECEIVE ANY OF THE

FOLLOWING:

- Tips
- Bonuses
- Commission

If yes, how often: _____
Estimated Amount: \$ _____

INDICATE FREQUENCY OF PAY:

- Weekly
- Bi-weekly
- Semi-monthly
- Monthly
- Other: _____

HOW WILL THE EMPLOYEE RECEIVE PAY?

- Standard Pay Stub
- Business Check
- Cash

DATE OF FIRST PAY _____

SECTION 4: CHANGES IN WORK SCHEDULE AND PAY

Date of Change _____ Rate of pay _____ Total hours per week _____ Number of Days per week _____

Check days worked Monday Tuesday Wednesday Thursday Friday Saturday Sunday Days Vary

SECTION 5: EMPLOYMENT TERMINATION Date of termination: _____

SECTION 6: LEAVE IN COMPLIANCE WITH THE FAMILY MEDICAL LEAVE ACT

Start Date: _____ Anticipated Return Date: _____

SECTION 7: EMPLOYER CERTIFICATION: The information I have provided is true and correct to the best of my knowledge. I understand that by giving false information, I may be subject to prosecution for fraud.

Employer's Name: _____ Title: _____

Employer's Signature: _____ Date: _____

