Early Learning Coalition of Polk County
Eager To Learn
www.elcpolk.org

Verification of Employment
Loss of Income

Date: _____

I, _____ give permission for my employer to release the following information to Early Learning Coalition of Polk County for the purpose of determining my eligibility for childcare assistance.

_____
Parent signature

Section I – General Information
Name of employee: _____ SSN: _____

Address: _____

Job title: _____ Type of work performed:_____

Number of hours/week: _____ Number of days/week _____

How often is/was employee paid: ____ day ____ week ____ bi-weekly ____ monthly

Rate of pay: $_____ per _____ (hr/day/wk/etc.) Other_____

Date current employment began: _____ Date previously employed _____

Does/did employee receive tips? ___ yes ___ no (if yes, please show tips in Section III)

Section II – Loss of Income
Date employment ended: _____ Reason for termination _____

Is the loss of income _____ Permanent or _____temporary? If temporary, when do you expect the employee to return to work? _____

Date employee received final check: _____ Gross amount _____
(Please list last 6 weeks of pay in Section III.)

Will employee receive any vacation pay, retirement refund, or other? ____ Yes ____ No
If yes, what type? _____ Date received _____ Amount _____

Is employee eligible for any type of benefits from your company, such as ext. insurance coverage, worker's compensation , or other? _____ Yes _____ No

Section III – Record of Pay Received

List the gross amount and dates of checks or cash which were paid for the last 6 weeks in the space below.

Pay Period Ending	Date Pay Received	Gross Earnings	No. of reg. hours worked	Rate of pay	No. of OT hours	Rate of pay for OT	Tips	Earned Income Credit

If hours or rate of pay has varied in the above period, please state why. _____

_____

_____

_____

Section IV – Employer Information

I certify that the information given in this form is true and correct to the best of my knowledge. I also acknowledge that the purposeful giving of false information is a prosecutable offense.

_____ _____

Signature of Employer Employer's Title

_____ _____

Name of Business Telephone Number

_____ _____

Address Date Completed

Return completed form to: Early Learning Coalition of Polk County
Attention: _____