

# Early Learning Coalition of Florida's Heartland, Inc.

## VERIFICATION OF INCOME/EMPLOYMENT

Dear Employer,

Please assist in determining if your employee is eligible for childcare financial aid by completing this form in its entirety. This form must be returned to our office on or before 3pm \_\_\_\_\_. If you have any questions, please do not hesitate to contact \_\_\_\_\_.

**\*\*\* TO BE COMPLETED BY EMPLOYER ONLY\*\*\***

<b>Employee:</b> _____
Address: _____
City, Zip: _____
Social Security Number: _____

Employer: _____
Address: _____
City, Zip: _____
Telephone: _____

Job Title: \_\_\_\_\_ Hire Date: \_\_\_\_\_ Termination Date (if applicable): \_\_\_\_\_

Weekly Work Schedule		
	From	To
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Is this a seasonal or temporary position?    yes    no  
 If yes, position begins: \_\_\_\_\_ ends: \_\_\_\_\_

Does employee receive tips?    yes    no	
<u>Rate of Pay</u>	
\$ _____ per hour	Hours per week _____
\$ _____ other	_____
<u>Frequency</u> (please circle)	
Weekly	Bi-weekly    Semi-Monthly    Monthly

Record of Pay Received for Last Six Weeks				
Pay Date	Hours Worked	Gross Earnings	Tips	Net Pay

The information I have provided is true and complete to the best of my knowledge. False information may be subject to prosecution for fraud.

X

\_\_\_\_\_  
Signature of Employer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



**Charlotte Office**  
 2886 Tamiami Trail, Suite 1  
 Port Charlotte, FL 33952  
 Phone: (941) 255-1650  
 Fax: (941) 255-5856

**DeSoto/Hardee Office**  
 4 West Oak Street, Suite H  
 Arcadia, FL 34266  
 Phone: (863) 494-5233  
 Fax: (863) 494-5291

**Highlands Office**  
 6432 US HWY 27 South  
 Sebring, FL 33876  
 Phone: (863) 314-9213  
 Fax: (863) 314-4480



*"INVESTING IN CHILDREN - INVESTING IN OUR FUTURE"*