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### Employment Verification Form

**Parents/Guardians:** In order to determine your eligibility for child care scholarship, **you may submit copies of the most current consecutive six weeks pay stubs or have employer complete this form.** **Employer:** We must verify both employment and income on the below listed client. Please assist us by completing and returning this form to Coordinated Child Care of Pinellas, Inc., Family Services Department as soon as possible.

**SECTION I – GENERAL INFORMATION: (To be completed by employer)**

1. Employee Name \_\_\_\_\_ SS# \_\_\_\_\_
2. Employee Address \_\_\_\_\_
3. Type of work performed by employee: \_\_\_\_\_ Employment began: \_\_\_\_\_
4. Number of hours worked per week: \_\_\_\_\_ Number of days per week: \_\_\_\_\_  
 Work schedule: From: \_\_\_\_\_ To: \_\_\_\_\_ [ ] A.M. [ ] P.M.
5. Hourly wage received by employee: \$ \_\_\_\_\_ Date employment ended: \_\_\_\_\_
6. Employee paid: \$ \_\_\_\_\_ [ ] Weekly [ ] Bi-weekly [ ] Semi-monthly [ ] Monthly [ ] other
7. Does employee receive tips? [ ] Yes [ ] No (If yes, show tips in section III).
8. Is employment year round? [ ] Yes [ ] No If no, specify: 12 mos \_\_\_\_\_ 11 ½ mos \_\_\_\_\_ 11 mos \_\_\_\_\_  
 10 ½ mos \_\_\_\_\_ 9 ½ mos \_\_\_\_\_ 9 mos \_\_\_\_\_

**SECTION II – EMPLOYER INFORMATION: (To be completed by employer)**

1. Employer Name: \_\_\_\_\_ Title: \_\_\_\_\_
2. Business Name: \_\_\_\_\_ Phone #: \_\_\_\_\_
3. Business Address: \_\_\_\_\_

**SECTION III – RECORD OF PAY RECEIVED: (To be completed by employer)**

1. In the space below, list the most current and consecutive **SIX** weeks of checks or cash received by the employee along with the gross amount paid, hours worked and the date the checks or cash were issued.

PAY PERIOD ENDS	GROSS EARNINGS	# OF HOURS WORKED	TIPS	NET PAY

2. Please explain any unusual gaps or overtime and do you expect them to reoccur: \_\_\_\_\_

**SECTION IV – EMPLOYER VERIFICATION:**

The information provided on this form is true and complete to the best of my knowledge. I know that if I give false information on purpose, I may be subject to prosecution for fraud. **Self-Employment must be documented by submitting Income Tax Return or business records and receipts for expenses.**

\_\_\_\_\_  
 Employer Signature Title Employer Name (Printed or Typed) Date