

## 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., Eligibility 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. Hourly wage received by employee: \$ \_\_\_\_\_ Date employment ended: \_\_\_\_\_
5. Number of hours worked per week: \_\_\_\_\_ Number of days per week: \_\_\_\_\_  
Work schedule: From: \_\_\_\_\_  A.M.  P.M. To: \_\_\_\_\_  A.M.  P.M.
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 number of consecutive months:  12  11½  11  10½  10  9½  9  Other

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

1. Employer Representative: \_\_\_\_\_ 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 indicate if you expect them to reoccur: \_\_\_\_\_ (Attach separate page if needed).

**SECTION IV – EMPLOYER VERIFICATION:**

The information provided on this form is true and complete to the best of my knowledge. If I knowingly omit or give false information, I may be liable for prosecution under the law. **Self-Employment must be documented by submitting Income Tax Return or business records and receipts for expenses.**

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