



EARLY LEARNING COALITION  
OF POLK COUNTY

## 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? \_\_\_\_ 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 4 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 4 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: \_\_\_\_\_