



EARLY LEARNING COALITION
OF POLK COUNTY

Verification of Employment Or Loss of Employment

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/Guardian Signature

Section I – General Information

Name of Employee: _____

Address of Employee: _____

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? _____ (if yes, please show tips in Section II)

Section II – 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	Number of hours worked	Rate of pay	Number of OT hours	Rate of pay for OT	Tips



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If hours or rate of pay has varied in Section II, please state why. _____

Section III – Loss of Employment

Date employment ended: _____

Please list last 4 weeks of pay in Section II.

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

Printed Name of Employer

Employer's Title

Employer's Telephone Number

Name and Address of Employer

Date Completed

Return completed form to: Early Learning Coalition of Polk County

Attention: _____