

### Last Day of Employment Verification

**Parents/Guardians:** In order to determine your eligibility for child care scholarship, **you must submit documentation of the last day of employment with your previous employer.**

**Employer:** We must verify the last day the client listed below worked for you. This must be filled out by the employer. No white out may be used and any changes must be initialed and dated by employer.

Please understand that the ELC may contact and/or visit your employer to verify the information presented on this form. This form should only be utilized for verification of last day of employment. Additional documentation may be requested.

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

1. Employee Name \_\_\_\_\_ SS# \_\_\_\_\_

2. Employee Address \_\_\_\_\_

#### **11. If no longer employed:**

Date Employment Ended: \_\_\_\_\_ Date/Amount last check received: \_\_\_\_\_ / \$ \_\_\_\_\_

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

1. Employer Representative: \_\_\_\_\_

2. Title: \_\_\_\_\_

3. Business Name: \_\_\_\_\_

4. Phone #: \_\_\_\_\_

5. Business Address: \_\_\_\_\_

#### **SECTION III – EMPLOYER VERIFICATION:**

The information provided on this form is true and complete . 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 and/or business records and receipts for expenses.**

\_\_\_\_\_  
Employer Representative Signature

\_\_\_\_\_  
Date