

Employment Verification

Parents/Guardians: In order to determine your eligibility for child care scholarship, **you must submit copies of the most current consecutive four weeks pay stubs or have your employer complete this form. Self-Employment must be documented by submitting Income Tax Return and/or business records and receipts for expenses.**

Employer: We must verify both employment and income on the below listed client. 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 will contact and/or visit your employer to verify the information presented on this form. This form should only be utilized for new employment or in rare circumstances where four weeks of most current/consecutive pay stubs cannot be obtained.

Additional documentation may be requested.

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

1. Employee Name _____ SS# _____
2. Employee Address _____ City: _____ State: _____ Zip: _____
3. Type of work performed by employee: _____ Employment began: _____ / _____ / _____
4. Hourly wage received by employee: \$ _____ 5. Number of hours worked per week: _____ (DO NOT PUT VARIES)
6. Number of days per week: _____
 Employee paid: \$ _____ Weekly Bi-weekly Semi-monthly Monthly Other _____
 Does employee receive and/or have access to paystubs? Yes No
 Does employee receive a 1099? Yes No
7. Work schedule: From: _____ A.M. P.M. To: _____ A.M. P.M.
8. Does employee receive commission/tips? Yes No (If yes, show commission/tips in section III).
9. Estimated income from commission/bonuses over the next 12 months is: \$ _____
10. Is employment year round? Yes No
 If NO, specify number of consecutive months: 12 11½ 11 10½ 10 9½ 9 Other _____
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: _____ Title: _____
2. Business Name: _____ Phone #: (____) _____
3. Business Address: _____ City: _____ State: _____ Zip: _____

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

1. In the space below, list the most current and consecutive **FOUR** weeks of checks or cash received by the employee along with the date pay was issued, gross amount paid, hours worked, tips (if applicable) and net amount paid.

PAY DATE (MM/DD/YY)	GROSS EARNINGS	# OF HOURS WORKED (per pay period)	TIPS (if not included in gross)	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. If I knowingly omit or give false information, I may be liable for prosecution under the law.

Employer Representative Signature

Date