



Early Learning Coalition of Sarasota County Child Care Connection

2886-C Ringling Blvd, Sarasota, FL 34237 / Ph: (941) 556-1600 Fax: (941) 556-1606
 6919 Outreach Way, North Port, FL 34287 / Ph: (941) 429-3715 Fax: (941) 556-1606

VERIFICATION OF INCOME/ EMPLOYMENT

DATE: _____

DEAR EMPLOYER:

IN ORDER TO DETERMINE THE ELIGIBILITY OF _____ FOR CHILD CARE SERVICES,
 PLEASE ASSIST US BY ANSWERING THE QUESTIONS BELOW. THIS FORM MUST BE RETURNED TO THE OFFICE
 INDICATED BELOW BY _____

 FAMILY ELIGIBILITY SPECIALIST

***** Entire form must be completed by employer. Employee cannot fill out form and then have employer "sign" *****

PLEASE COMPLETE EACH SECTION ON THE FRONT AND BACK OF THIS FORM

SECTION I - GENERAL INFORMATION

1. NAME OF EMPLOYEE _____ SOCIAL SECURITY NO. _____

2. ADDRESS OF EMPLOYEE _____

3. TYPE OF WORK PERFORMED BY EMPLOYEE _____

4. NUMBER OF HOURS WORKED PER WEEK _____

5. EMPLOYEE IS PAID \$ _____ HOURLY

6. HOW OFTEN IS EMPLOYEE PAID WEEKLY BI-WEEKLY SEMI-MONTHLY MONTHLY
 OTHER (SPECIFY) _____

7. EMPLOYEE IS PAID BY PAYROLL CHECK PERSONAL CHECK BUSINESS CHECK CASH DIRECT DEPOSIT

8. FIRST PAYCHECK ISSUED ON (DATE) _____

9. DATE CURRENT EMPLOYMENT BEGAN _____ DATE EMPLOYMENT TERMINATED (if applicable) _____

10. DOES/ DID EMPLOYEE RECEIVE TIPS? ____ YES ____ NO IF YES, SHOW IN SECTION II ON REVERSE

11. IS/ WAS EMPLOYEE SEASONAL? ____ YES ____ NO IF YES, SEASON BEGINS _____ ENDS _____

SECTION II - RECORD OF PAY RECEIVED

1. LIST THE GROSS AMOUNT AND DATES OF THE CHECKS THAT WERE PAID IN THE LAST 6 CONSECUTIVE WEEKS IN THE SPACES BELOW. **(EMPLOYEE MUST SUBMIT AT LEAST ONE CURRENT PAY STUB WITH FORM, UNLESS THIS IS A NEW JOB AND A PAY STUB IS NOT AVAILABLE YET)**

(Please be sure to include complete dates. For example: 1/1 should be written as 1/1/14.)

PAY PERIOD ENDS	DATE PAY RECEIVED	GROSS EARNINGS	HOURS WORKED	TIPS	EARNED INCOME CREDIT	NET PAY
SUB-TOTAL					AVERAGE	

2. IF ANY HOURS OR RATE OF PAY HAVE/HAS VARIED IN THE ABOVE PERIOD, PLEASE STATE WHY:

SECTION III - EMPLOYER INFORMATION

THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE TO THE BEST OF MY KNOWLEDGE. FALSE INFORMATION MAY BE SUBJECT TO PROSECUTION FOR FRAUD.

_____ FEDERAL TAX ID NUMBER (REQUIRED)

_____ SIGNATURE OF EMPLOYER

_____ EMPLOYER'S TITLE

_____ NAME OF BUSINESS

_____ TELEPHONE NUMBER

_____ ADDRESS

_____ DATE COMPLETED