



Early Learning Coalition of Sarasota County Child Care Connection

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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