



Employment Verification Form

To be completed with **blue or black ink only**. **Please print legibly- no white out allowed**

Dear Employer: _____ Date: _____

In order to determine the eligibility of _____ for child care/early learning services, please assist by answering the questions below and returning this form to the ELC by _____.

Client Signature: _____ SS#: _____

Employee Information- to be completed in full by employer- (income information is needed for the last 6 current and consecutive weeks of pay):

DATE PAY RECEIVED (LIST MOST RECENT PAY PERIOD FIRST)	GROSS EARNINGS BEFORE ANY DEDUCTIONS (INCLUDES OVERTIME, SHIFT DIFFERENTIAL,	NUMBER OF HOURS WORKED	NET PAY
1)			
2)			
3)			
4)			
5)			
6)			

Employee Start Date: _____ Employee End Date: _____

Check Days Worked: Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____
Work Schedule: From _____ am/pm To _____ am/pm OR Varied Hours: _____
Hourly Wage: \$ _____ # Hours/Week: _____ #Days/Week: _____
Paid: Weekly _____ Bi-Weekly _____ Semi-Monthly _____ Monthly _____
Eligible for overtime? Yes _____ No _____ If yes, how frequent is overtime worked? _____
Eligible for shift differential? Yes _____ No _____

Employer Information- to be completed in full, signed and dated by employer

Company Name: _____

Street Address: _____

City/State: _____ Zip Code: _____

Employer's Telephone: _____

Printed Name

Signature

Phone

Date