

Verification of Loss of Income/Employment

Date: _____

NAME OF EMPLOYEE: _____
 Last Four Digits of Social: _____
 Place of Employment: _____
 Supervisor's Name: _____
 Business Address: _____
 Business Phone: _____
 Business Fax: _____

Date Employment Ended
or Date Hours Were Cut: _____
 Date of final check:
(if applicable) _____

Employee was:

- ☐ Terminated
- ☐ Temporary Work Ended
- ☐ Hours Cut from _____ per week to _____
- ☐ Other (please explain): _____

I certify under the penalty of perjury (a first-degree misdemeanor punishable by a definite term of imprisonment, not exceeding one year and/or a fine not exceeding \$1,000 pursuant to s. 837.012, or 775.082, or 775.083, F.S.) the information provided on this form is true and complete to the best of my knowledge. I know if I give false information on purpose, I may be subject to prosecution for fraud.

Signature of Person Completing Form

Title of Person Completing Form

Name of Business

Phone

PLEASE RETURN TO:
 Early Learning Coalition of Manatee County
 600 Eighth Avenue West, Suite 100
 Palmetto, FL 34221
 Fax (941) 757-2916