

Employment/Income Verification Form



In order to determine eligibility for a child care scholarship, the ELC must receive copies of the **most current consecutive six weeks** pay stubs or this form, completed by the employer, as documentation of a new job or if paystubs are not issued.

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

- Employee Name: _____ SS# _____
Employee Address: _____
- Type of work performed by employee: _____ Employment began: _____
- Number of hours worked: Per week: _____ Number of days per week: _____
Work schedule: From: _____ To: _____ A.M. P.M.
Circle Days of Work: Sunday Monday Tuesday Wednesday Thursday Friday Saturday
- Hourly wage received by employee: \$ _____ Date employment ended: _____
- Employee paid: \$ _____ Weekly Bi-weekly Semi-monthly Monthly Other
- Does employee receive tips? Y N If Yes, show tips in Section III
- Is employment year-round? Y N If No, specify # of months: 12 11½ 11 10½
 10 9½ 9 Other: _____

SECTION II – EMPLOYER INFORMATION: (To be completed by employer)

- Employer Name: _____ Title: _____
- Business Name: _____ Phone #: _____
- Business Address: _____

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

- In the space below, list the most current and consecutive **SIX** weeks of checks or cash received by the employee along with the gross amount paid, hours worked and the date the checks or cash were issued.

DATES OF PAY PERIOD	DATE OF PAYMENT	GROSS EARNINGS	# OF HOURS WORKED	TIPS	NET PAY

- Please explain any unusual gaps or overtime and do you expect them to reoccur? _____

SECTION IV – EMPLOYER VERIFICATION:

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. **Self-employment must be documented** by submitting employment log or business records/receipts for expenses.

Employer Signature _____ Title _____

Employer Name (Print or Type) _____ Date _____

