Early Learning Coalition of Marion County

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INSTRUCTIONS FOR COMPLETING THIS DOCUMENT:

- **Must be completed by employer in one handwriting**
- **No white out or strike through corrections**

Name on Case File:_____ Date Due:_____/_____/_____

Section I – GENERAL INFORMATION

Employee Name:_____Social Security Number_____

Employee Address: _____

City:_____State:_____Zip: _____

Job Title:_____Type of work performed:_____

Hours anticipated to work:_____per Day Week

Days anticipated to work:_____per week

How often is the employee paid? Daily Weekly Bi-Weekly Semi-Monthly Monthly

Rate of pay: $_____per_____(Day/Hour/Week/etc.)

Date current employment began:_____/_____/_____ Does employee receive tips? Yes No

First paycheck will be received on_____/_____/_____ Date previously employed:_____/_____/_____

Is employment seasonal? Yes No If yes, season begins:_____ends:_____

Section II – RECORD OF PAY RECEIVED

List complete pay information for the last four weeks in the space below:

PAY PERIOD:	CHECK DATE:	HOURS WORKED:	GROSS INCOME:	TIPS (IF APPLICABLE)	NET INCOME:
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$

If hours or rate of pay or pay dates have varied in the above period, please state why.

Section III – LOSS OF INCOME

Employee Name:_____ Social Security Number _____

Date employment ended:_____

Reason for termination:_____

Is the loss of employment Permanent Temporary

If temporary, when do you expect the employee to return to work? _____

Date employee received final check:_____ Gross amount: $_____

Section IV – EMPLOYER INFORMATION

What I have written on this form is true and accurate to the best of my knowledge. I know that if I give false information on purpose, I may be subject to prosecution for Public Assistance Fraud.

_____ _____

Print Name of Person Completing Form Print Title

_____ ( ) _____

Name of Business Telephone Number

_____

Address City State Zip

_____ _____ _____ _____

_____ _____

Signature Date Completed

FOR COALITION USE ONLY:

DATE RECEIVED: _____

DATE VERIFIED: _____

VERIFIED BY: _____