



# SCHOOL READINESS PROGRAM VERIFICATION OF EMPLOYMENT

## SECTION 1: EMPLOYEE/CONTRACTOR INFORMATION (To be completed by employee)

Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_

The person named above is applying for School Readiness services, which are funded through state and federal grants. In order to receive these services, the individual must provide proof of earned income. The individual has reported an employment or contractual relationship with your business and as a result, **we are requesting that a management level employee of your business complete the sections checked  below**. We cannot accept forms that include whiteout. Please cross out errors and initial. Thank you.

## SECTION 2: EMPLOYER INFORMATION

Employer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

## SECTION 3: WORK SCHEDULE AND PAY

Hire date \_\_\_\_\_ Rate of pay \_\_\_\_\_ Total hours per week \_\_\_\_\_ Number of Days per week \_\_\_\_\_

Is this a seasonal or temporary position?  Yes  No If yes, what are the dates of the regular season: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

### INDICATE DAYS WORKED

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

### DOES THIS EMPLOYEE RECEIVE ANY OF THE

#### FOLLOWING:

- Tips
  - Bonuses
  - Commission
- If yes, how often: \_\_\_\_\_  
Estimated Amount: \$ \_\_\_\_\_

### INDICATE FREQUENCY OF PAY:

- Weekly
- Bi-weekly
- Semi-monthly
- Monthly
- Other: \_\_\_\_\_

### WILL THE EMPLOYEE RECEIVE A STANDARD PAYSTUB?

- Yes  No

DATE OF FIRST PAYCHECK \_\_\_\_\_

## SECTION 4: CHANGES IN WORK SCHEDULE AND PAY

Date of Change \_\_\_\_\_ Rate of pay \_\_\_\_\_ Total hours per week \_\_\_\_\_ Number of Days per week \_\_\_\_\_

Check days' worked:  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday  Days Vary

## SECTION 5: MEDICAL LEAVE

Start Date: \_\_\_\_\_ Anticipated Return Date: \_\_\_\_\_

Please indicate if the medical leave is related to any of the following:

- The birth of the employee's child or the need to care for a newborn child
- The adoption of a child or the placement of a foster child with the employee within the last year
- The employee must care for his or her spouse, child, or parent who has a serious health condition
- The employee has a serious health condition that makes the employee unable to perform the essential functions of his or her job
- An emergency arising out of the fact that the employee's spouse, son, daughter, or parent is a military member on active duty
- The employee is a service member with a serious injury or illness
- The employee is the caregiver spouse, son, daughter, parent, or next of kin of a seriously injured or ill service member

SECTION 6: EMPLOYER CERTIFICATION: The information I have provided is true and correct to the best of my knowledge. I understand that by giving false information, I may be subject to prosecution for fraud.

Employer's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Employer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_