



Verification of Employment Form

INSTRUCTIONS: To be completed entirely, signed, and dated by employer. **ONLY use BLUE or BLACK INK. Please print legibly- NO WHITE OUT ALLOWED.** If a mistake is made, please cross it out and initial next to the correction. To determine the eligibility of the individual listed for child care services, please assist by answering the questions below. Information must be verified by Coalition Eligibility staff.

Employee Name (First, Middle Initial, Last):		Employee Job Title:		Current Employee Start Date:	
DATE PAY RECEIVED LAST 4 WEEKS (LIST MOST RECENT PAY DATE FIRST)	GROSS EARNINGS BEFORE ANY DEDUCTIONS (INCLUDES OVERTIME, SHIFT DIFFEENTIAL, TIPS, ETC.)	NUMBER OF HOURS WORKED	NET PAY		
1)					
2)					
3)					
4)					
Days Worked: Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday ____ Saturday ____ Sunday ____					
Work Schedule:	From ____ a.m.	p.m.	To ____ a.m.	p.m.	OR Varied Hours: ____
Hourly Rate:	\$ ____	# Hours Worked Per Week		Days Worked Per Week	
Pay Frequency: Weekly ____ Bi-Weekly ____ Semi-Monthly ____ Monthly ____					
Eligible for overtime? Yes ____ No ____ If yes, how frequent is overtime worked? ____					
Eligible for bonus pay, commissions, shift differential, or tips? Yes ____ No ____					
If yes, how frequently?					
Company Name:					
Company Address:					
City:		State:		Zip Code:	
Employer's Telephone:			Ext:		
Employer (Print Name):			Employer's Title:		
Employer's Signature:			Date:		