the early learning coalition of Osceola County

Four (4) weeks of current and consecutive paystubs are preferred for proof of employment. These will be required at your next interview. There should be no edits on the form such as erases or whiteout. **This form may be used for new employment**

THIS FORM MUST BE COMPLETED BY THE EMPLOYER ONLY

Name of Employee: _____ SSN: _____
Address: _____
Job Title: _____ Type of Work Performed: _____
Number of Hours Worked Per Week: _____ Number of Days Worked per Week: _____
How often is the employee paid? ☐ Daily ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Semi-Monthly
Rate of pay: $_____ per _____. Other: _____
Hr/Day/Wk (Explain)
Date current employment began, or date returned to work: _____
Does the employee receive tips? ☐ Yes ☐ No Is employment seasonal? ☐ Yes ☐ No
Does the employee work evenings and/or weekends? ☐ Yes ☐ No

Record of Pay Received: In the space below, list the gross amounts and dates of checks or cash that were paid for the last six weeks:

The employee is paid via ☐ Cash ☐ Company Check ☐ Personal Check

Pay Period Ending	Date Pay Received	Rate of Pay	Number of Hours Worked	Number of Overtime Hours	Tips	GROSS Earnings	NET Earnings

Employer Information:

I declare that the above information is true and complete to the best of my knowledge. I know that if I knowingly give wrong information, I am liable for prosecution under state law. Further, I give my consent to the Early Learning Coalition of Osceola County, as well as the Department of Children & Families, and the Division of Public Assistance Fraud to make inquiry into all statements made above.

_____ _____
Signature of Employer Print Name (Employer) Employer's Title

_____ _____
Name of Business Telephone Number

_____ _____
Address Date Completed

Quality Child Care Matters!

REV: 10.6.26