



Verification of Loss of Income/Employment

Date: _____

NAME OF EMPLOYEE: _____

Last Four Digits of Social: _____

Place of Employment: _____

Supervisor's Name: _____

Business Address: _____

Business Phone: _____

Business Fax: _____

Date Employment Ended
or Date Hours Were Cut: _____

Date of final check:
(if applicable) _____

- Employee was:
- Terminated
 - Temporary Work Ended
 - Hours Cut from _____ per week to _____
 - Other (please explain): _____

I certify under the penalty of perjury (a first-degree misdemeanor punishable by a definite term of imprisonment, not exceeding one year and/or a fine not exceeding \$1,000 pursuant to s. 837.012, or 775.082, or 775.083, F.S.) 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.

Signature of Person Completing Form

Title of Person Completing Form

Name of Business

Phone

PLEASE RETURN TO:
Early Learning Coalition of Manatee County
600 Eighth Avenue West, Suite 100
Palmetto, FL 34221
Fax (941) 757-2916