



## VERIFICATION OF EMPLOYMENT FORM

Your **EMPLOYER** must complete, sign, and date this form. You, as an employee, **cannot** complete this form. The ELC may contact your employer to confirm the below information.

### SECTION I – EMPLOYMENT INFORMATION

- Employer name: \_\_\_\_\_
- Employee name: \_\_\_\_\_
- Employee status:  New Employment  New Schedule  New Rate of Pay  No Change
- Start date: \_\_\_\_\_
- Hourly pay rate: \_\_\_\_\_
- Estimated **number** of hours worked per week (**do not put “varies” or “prn”**): \_\_\_\_\_
- Pay frequency (choose one):  Weekly  Biweekly  Semi-Monthly  Monthly
- Is there at least 4 full weeks of payment history for this rate of pay and schedule?
  - No. The date of the first full payment for this rate of pay and schedule is \_\_\_\_\_
  - Yes. Complete table with the most recent 4 weeks of payment (4 weekly, 2 biweekly, 2 semi-monthly, or 1 monthly pay periods).

Pay Date	Hours Worked	Gross Earnings			
		Base Pay	Overtime	Tips	Commission

### SECTION II – SEASONAL EMPLOYMENT ONLY

- Season start date: \_\_\_\_\_
- Season end date: \_\_\_\_\_
- Number of pay periods: \_\_\_\_\_
- Annual Contract Amount: \$ \_\_\_\_\_

### SECTION III - CERTIFICATION

*I certify that the information above is true and complete to the best of my knowledge under the penalty of perjury, which is a first disagree misdemeanor, punishable by a defined term of imprisonment, not exceeding one year and/or a fine not exceeding \$1,000 pursuant to sections 837.012, 775.082, and 775.083, F.S.*

*By affixing my signature below, I attest that on behalf of the employer listed, I am legally able to provide the information on this form.*

\_\_\_\_\_  
Signature of Person Providing Verification

\_\_\_\_\_  
Printed Name and Title of Person Providing Verification

\_\_\_\_\_  
Work Phone Number of Person Providing Verification

\_\_\_\_\_  
Date Completed