



# VERIFICATION OF LOSS OF EMPLOYMENT FORM

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

**Employer Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SECTION I – FORMER EMPLOYEE INFORMATION

1. Former Employee Name: \_\_\_\_\_

2. Date Employment Began: \_\_\_\_\_

3. Date Employment Ended: \_\_\_\_\_

4. Is this a seasonal break in employment?  Yes  No

5. If this is a seasonal break, what date will the employee start back to work? \_\_\_\_\_

\_\_\_\_\_

## SECTION II – EMPLOYER 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 degree 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, Florida Statutes.*

*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