



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 Person Completed and Signed Form

SECTION IV – ELC USE ONLY

Verified with _____, _____
Name of Person Providing Verification Title

Specialist Signature

Date Verified

NOTE: Do NOT use “white-out” or “correction tape” on this form.

Revised 10/30/2017