

**Form must be completed by the employer. The information will be used to determine eligibility for services for the employee below.**

Date: \_\_\_\_\_

Dear Employer:

In order to determine the eligibility of \_\_\_\_\_ for financial assistance with the Early Learning Coalition of Hillsborough County School Readiness Program, please assist us by completing this form. The employee has been given fourteen (14) calendar days to return this form to our office.

**Current employer, fill out Sections I, II, and III.**

**SECTION I: EMPLOYEE INFORMATION**

Name of Employee: \_\_\_\_\_ Date Employment Began: \_\_\_\_\_

Date First Pay Expected: \_\_\_\_\_ Day of the Week the Employee is Paid: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_  Hour  Week  Month Does the Employee Receive Tips/Bonuses:  Yes  No  
*(If yes, show tips/bonuses in Section II)*

How Many Hours Per Week Does the Employee Work (**do not put "varies"**)? \_\_\_\_\_

Frequency of pay:  Weekly  Bi-weekly  Semi-Monthly  Monthly

The Employee Works:  Morning  Afternoon  Night  Weekends Days Scheduled Off: \_\_\_\_\_

Is Employment:  Permanent  Temporary  Seasonal from: \_\_\_\_\_ to \_\_\_\_\_

**SECTION II: PAYROLL RECORD**

In the table below, list the requested information for the most recent four (4) weeks:

Pay Date	Gross Earnings	Net Pay	Number of Hours Worked	*Amount of tips <i>(if not known, state amount customary for job performed.)</i>	Bonuses / Commissions	Child Support Deductions

If number of hours or rate of pay varies in the above pay periods, please explain: \_\_\_\_\_

**SECTION III: CURRENT EMPLOYER INFORMATION**

*The information written on this form is true and accurate to the best of my knowledge. I am aware that if I have given false information intentionally, I may be subject to prosecution for fraud.*

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_