

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 Programs, please assist us by completing this form. The employee has been given fourteen (14) calendar days to return this form to our office.

Former employer

SECTION IV: LOSS/BREAK OF INCOME OR EMPLOYMENT

Name of Employee: _____

Date Employment Ended: _____ Reason: _____

Loss/Break of Income of Employment Termination is: Permanent Unpaid Leave Temporary

If unpaid leave or temporary, when will the employee return back to work? _____

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: _____

OFFICE USE ONLY:			
Loss/Break of Employment Verified By: _____		Date Received: _____	
Phone: _____	Verified with: _____	Position: _____	
Verification Attempts (1):	Date: _____	Time: _____	CSS: _____
Verification Attempts (2):	Date: _____	Time: _____	CSS: _____