



# Early Learning Coalition of Escambia County Employment Form



### Section I – To be completed by Employee:

I, \_\_\_\_\_, hereby authorize my employer to release my employment information to the Early Learning Coalition School Readiness Services, 3300 N. Pace Blvd, Suite 210, Pensacola, FL 32505.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of employee: \_\_\_\_\_ SSN: \_\_\_\_\_

Address of employee: \_\_\_\_\_

### Section II – To be completed by Employer

Date current employment began: \_\_\_\_\_ Previous employment: Yes No

Rate of Pay: \$ \_\_\_\_\_ per hour or \$ \_\_\_\_\_ per day

Pay Schedule: \_\_\_\_\_ daily \_\_\_\_\_ weekly \_\_\_\_\_ biweekly \_\_\_\_\_ semimonthly \_\_\_\_\_ monthly

Does the employee receive tips: Yes No If yes, show tips in section II

How many hours per week does the employee work? \_\_\_\_\_

What shift does the employee work? Days Afternoons Evenings Time \_\_\_\_\_

Does the employee work weekends? Yes No

Is the employment \_\_\_\_\_ seasonal \_\_\_\_\_ temporary \_\_\_\_\_ permanent -- Season From \_\_\_\_\_ To \_\_\_\_\_

### Section III – To be completed by Employer: Payroll Record

In the table below, list the requested information for the last six (6) weeks.

Pay Date	Gross Earnings	Net Pay	Number of Hours Worked	Amount of Tips	Child Support Deductions

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

### Section IV – To be completed by Employer: Loss of Income or Employment

Date Employment Ended: \_\_\_\_\_ Reason: \_\_\_\_\_

Is Termination \_\_\_\_\_ permanent \_\_\_\_\_ unpaid leave \_\_\_\_\_ temporary – if unpaid leave or temporary, when will the employee return to work? \_\_\_\_\_

### Section V – 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

\_\_\_\_\_  
Signature of Person Completing Form Title of Person Completing Form Date Completed