



# Verification of Loss of Income/Employment

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

NAME OF EMPLOYEE: \_\_\_\_\_

Last Four Digits of Social: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Fax: \_\_\_\_\_

Date Employment Ended  
or Date Hours Were Cut: \_\_\_\_\_

Date of final check:  
*(if applicable)* \_\_\_\_\_

Employee was:

- Layed Off
- Terminated
- Temporary Work Ended
- Hours Cut from \_\_\_\_\_ per week to \_\_\_\_\_
- Other (please explain):

This information is true and correct to the best of my knowledge. I know that if I purposely give false information, I may be subject to prosecution.

\_\_\_\_\_  
Signature of Person Completing Form

\_\_\_\_\_  
Title of Person Completing Form

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

\_\_\_\_\_  
Phone

**PLEASE RETURN TO:**  
Early Learning Coalition of Manatee County  
600 Eighth Avenue West, Suite 100  
Palmetto, FL 34221  
Fax (941) 757-2916