



Verification of Maternity Leave

To be completed by employer. DO NOT USE WHITEOUT. IF CORRECTIONS NEED TO BE MADE, CROSS OUT THE ERROR, AND INITIAL THE CORRECTION.

Date: _____

NAME OF EMPLOYEE: _____

Last Four Digits of Social: _____

Place of Employment: _____

Supervisor's Name: _____

Business Address: _____

Hourly Rate of Pay: _____

Number of Hours Per Week: _____

Employee will be returning
when maternity leave ends.

☐ Y ☐ N

Date Maternity Leave began: _____

Return to work date: _____

Employee :

- ☐ Employee is on Paid Leave
☐ Employee is on Unpaid Leave
☐ Other (please explain):

I certify under the penalty of perjury (a first-degree misdemeanor punishable by a definite term of imprisonment, not exceeding one year and/or a fine not exceeding \$1,000 pursuant to s. 837.012, or 775.082, or 775.083, F.S.) the information provided on this form is true and complete to the best of my knowledge. I know if I give false information on purpose, I may be subject to prosecution for fraud.

Employer Signature

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