



ELC of MARION
 2300 SW 17th Road
 Ocala, FL 34471
 Phone: (352) 369-2315 Fax: (352) 369-2308

INSTRUCTIONS FOR COMPLETING THIS DOCUMENT:

- **Must be completed by employer in one handwriting**
- **No white out or strike through corrections**

Name on Case File: _____ Date Due: ____/____/____

Section I – GENERAL INFORMATION

Employee Name: _____ Social Security Number: _____ - _____ - _____

Employee Address: _____

City: _____ State: _____ Zip: _____

Job Title: _____ Type of work performed: _____

Hours anticipated to work: _____ per Day Week

Days anticipated to work: _____ per week

How often is the employee paid? Daily Weekly Bi-Weekly Semi-Monthly Monthly

Rate of pay: \$ _____ per _____ (Day/Hour/Week/etc.)

Date current employment began: ____/____/____ Date previously employed: ____/____/____

First paycheck will be received on ____/____/____

Does employee receive tips? Yes No

Is employment seasonal? Yes No If yes, season begins: _____ ends: _____

Section II – RECORD OF PAY RECEIVED

List complete pay information for the last four weeks in the space below:

PAY PERIOD:	CHECK DATE:	HOURS WORKED:	GROSS INCOME:	TIPS (IF APPLICABLE)	NET INCOME:
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

If hours or rate of pay or pay dates have varied in the above period, please state why.



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Section III – LOSS OF INCOME

Employee Name: _____ Social Security Number: _____ - _____ - _____
Date employment ended: _____
Reason for termination: _____
Is the loss of employment Permanent Temporary
If temporary, when do you expect the employee to return to work? _____
Date employee received final check: _____ Gross amount: \$ _____

Section IV – EMPLOYER INFORMATION

What I have written on this form is true and accurate to the best of my knowledge. I know that if I give false information on purpose, I may be subject to prosecution for Public Assistance Fraud.

_____ _____
Print Name of Person Completing Form Print Title
_____ _____
Name of Business () Telephone Number
_____ _____ _____
Address City State Zip
_____ _____
Signature Date Completed

FOR COALITION USE ONLY:

DATE RECEIVED: _____
DATE VERIFIED: _____
VERIFIED BY: _____