



**Georgia Dept  
of Early Care  
and Learning**  
BRIGHT FROM THE START

## Summer Transition Program Employment Verification Form

**This form should be used if no other written financial verification (paystub, etc.) is available.**

The below named individual listed your company as their place of employment. In order to provide services to your employee's child, it is necessary that we verify his/her employment.

Employee Name: \_\_\_\_\_

Please complete the questions on the as fully as possible. Please sign, date and return this information within **5 days** to ensure services can be provided in a timely manner.

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### Authorization to Release Information

I, \_\_\_\_\_, hereby authorize my employer

to furnish complete information about my earnings to \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature

Date

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## Employee Information

Name and address of employee from your records:

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Beginning date of employment: \_\_\_\_\_ Job title of the employee:

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Gross rate of pay: \$\_\_\_\_\_ per \_\_\_\_\_

Number of hours per week this employee is scheduled to work:

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Employee is paid (Check which apply): Daily:\_\_\_\_ Weekly:\_\_\_\_ Bi-weekly:\_\_\_\_ Semi-monthly:\_\_\_\_ Monthly:\_\_\_\_

Please complete the following chart for the last \_\_\_\_\_ weeks. Please show the date this employee actually **received** the checks.

Pay Period End Date	Date received	# of Hours Worked	*Gross Earnings	Tips (if applicable)

\*DO NOT include advance EITC payments in Gross Earnings

Do you expect a change in pay?      Yes      No

If yes, what change do you expect? \_\_\_\_\_ When?

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If the employee is no longer employed, what was the last date this employee worked?

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Name of person completing this form: \_\_\_\_\_

Title: \_\_\_\_\_  
\_\_\_\_\_

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

Email address: \_\_\_\_\_

*(The person completing this form agrees to be contacted for clarification if needed)*