Verification of Loss of Income/Employment

Early Learning Coalition of Palm Beach County
Ready to Learn. Ready for Life.

Complete form and upload to Family portal account and allow 10 days for review.

Date: _____

Name of the Employee _____

Place of Employment: _____

Supervisor's Name: _____

Business Address: _____

Business Phone: _____

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.

Please contact the Early Learning Coalition Family Services Department at 561-514-3300 if you have any questions.

_____ _____

Signature of Person Completing Form | Title of Person Completing Form

_____ _____

Name of Business | Phone

FloridaVPK

DIVISION OF Early Learning
LEARN EARLY. LEARN FOR LIFE.

Children's Services Council
PALM BEACH COUNTY
Healthy. Safe. Strong.