



# RETURN FROM MATERNITY LEAVE EMPLOYMENT VERIFICATION FORM

**(EMPLOYER MUST COMPLETE)**

I give my permission for my employer to release information to the Early Learning Coalition.

**PARENT/GUARDIAN SIGNATURE**

1. Name of employee: \_\_\_\_\_
2. Address of employee: \_\_\_\_\_
3. Type of work performed by employee: \_\_\_\_\_
4. Number of hours worked per week: \_\_\_\_\_ Is the employee considered full-time or part-time? FT PT
5. Hourly rate of pay: \_\_\_\_\_ If new job, first pay date: \_\_\_\_\_
6. Does employee receive pay stubs? (yes or no) \_\_\_\_\_
7. Date returning from maternity leave \_\_\_\_\_ Date previously employed (if re-hire) \_\_\_\_\_
8. Does employee receive tips? (yes or no) \_\_\_\_\_ Are all tips included in gross income? (yes or no) \_\_\_\_\_
9. Is employment seasonal? (yes or no) \_\_\_\_\_ If yes, season begins \_\_\_\_\_ ends \_\_\_\_\_
10. How often is employee paid? \_\_\_daily \_\_\_weekly \_\_\_bi-weekly \_\_\_monthly \_\_\_other
11. Was employee approved for FMLA? \_\_\_\_\_yes Dates: \_\_\_\_\_

**Please list the most recent pay information**

PAY PERIOD START/END DATES	DATE PAY RECEIVED	NUMBER OF HOURS WORKED	GROSS EARNINGS	TIPS/BONUS/ COMMISSION RECEIVED	NET PAY

1. If the above pay periods do not fairly represent the employee’s “typical” work week (due to illness, family emergency, vacation, etc.), please explain: \_\_\_\_\_

**SECTION III-EMPLOYER INFORMATION**

The information on this form is true and accurate. I acknowledge that if I intentionally provide false information, I may be subject to prosecution for fraud.

\_\_\_\_\_  
EMPLOYER’S PRINTED NAME

\_\_\_\_\_  
EMPLOYER’S TITLE

\_\_\_\_\_  
EMPLOYER’S SIGNATURE

\_\_\_\_\_  
COMPANY NAME

\_\_\_\_\_  
COMPANY ADDRESS

\_\_\_\_\_  
COMPANY PHONE NUMBER

\_\_\_\_\_  
CITY, STATE, ZIP

\_\_\_\_\_  
DATE FORM COMPLETED