THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Academics

Head Start/Early Intervention Department

Verification of Employment Income

(To be signed by Employer)

Child(ren) Name(s):	(Child's First and Last Name)	(Child's First and Last Name	·)
	(Child's First and Last Name)	(Child's First and Last Name)
Γhis is to certify that	(Print Parent's First and Last Name)	orked as a(Describe Work Performed)
Ouring the time perio	d of (Month)	Month) (Year) his/her total gross	earnings were
		hs. (A) the 12 months preceding te calendar year preceding the ca	
He/she has been employed with me since		(Enter Month) , 20 (Year	<u>)</u> ·
thatschool officials	may require verification any nay result in withdrawal fron	ormation is true and correct. It time during the year and that the program, and/or prosecu	deliberate
(Employer - Print First and L	ast Name)	(Employer Signature)	(Date)
(Employer Address)		(Employer Phone Number)	
1/11/23 JA/LG/SB/KE/MM			