

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): _____

This is to certify that _____ works/worked as a
(Print Parent Name)

_____. I certify that during the time period) _____
(Describe Work Performed) (Month/Year)

to _____, his/her earnings were \$ _____ per _____.
(Month/Year) (Amount) (Week, Month, Year)

The total amount earned for this time period was \$ _____.

He/she has been employed with me since _____, 20_____.
(Enter Month) (Year)

By signing below, I certify that all the above information is true and correct. I understand that school officials may require verification any time during the year and that deliberate misrepresentation may result in withdrawal from the program, and/or prosecution under applicable State and Federal Statutes.

(Employer - Print Name) (Employer Signature) (Date)

(Employer Address) (Employer Phone Number)

Notary Public:

STATE OF FLORIDA COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this ____ day of _____, 20____, by (name of person making statement).

(Signature of Notary Public-State of Florida)

(Name of Notary Typed, Printed, or Stamped)

Personally Known ____ OR Produced Identification ____

Type of Identification Produced: _____