



Lee County Human and Veteran Services

2440 Thompson Street, Fort Myers, FL 33901

Phone: 239-533-2273

E-mail: leecaresind@leegov.com



Verification of Employment / Loss of Income

Program guidelines require us to verify employment history and income information for the person below in order to determine their eligibility for assistance. Your cooperation in providing the requested information below is most appreciated. You may return this form via:

- E-mail to: leecaresind@leegov.com
- Mail or hand delivery to: Lee County Human and Veteran Services, 2440. Thompson St., Fort Myers, FL 33901

THIS FORM IS TO BE COMPLETED BY THE EMPLOYER ONLY.

Employment Information

Name of Employee		Social Security Number	
Address of Employee			
Employee's Job Title			
Number of Hours Worked Per Week:		Number of Days Worked Per Week	
How often is/was the employee paid?			
Current Hourly Rate of Pay or Salary		Hire Date	

Loss of Income Information

Was the employee terminated or furloughed because of Covid-19?		Date of Termination or Furlough	
Reason for termination or furlough if not related to Covid-19		Date of Employees Final Check	
Loss of income is			
Will employee receive any vacation pay, severance, retirement, or other		Amount of vacation pay, severance, retirement, or other and date to be received.	

The information provided on this form is true and correct to the best of my knowledge. I know that if I give false information on purpose, I may be subject to prosecution for fraud.

Signature of Employer	Print Employer's Name and Title
Print Name of Business	Telephone Number
Business Address	Business E-mail
City, State, Zip	Date Completed

Warning: Florida Statute 817 provides that willful false statements or misrepresentation concerning income; asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83.