



**NOTARIZED VERIFICATION OF CASH EMPLOYMENT**

***\*Fill out IF Applicable\****

**I. To be completed by Employer:**

Employee's Job Title: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Number of Hours Worked Per Week: \_\_\_\_\_

Number of Days Worked Per Week: \_\_\_\_\_

Hourly Pay: \_\_\_\_\_

Pay Cycle: \_\_\_\_\_

-I understand that if I give false information, my case may be referred to the Florida Department of Law Enforcement for action and possible prosecution.

Signature of Employer: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**II. To be completed by Employee in the presence of a Notary:**

-I certify that the information provided with regards to hours worked and payment is true and complete.

-I understand that if I give false information or fail to report changes in my circumstances, my case may be referred to the Florida Department of Law Enforcement for action and possible prosecution.

-I reviewed, understand and agree with all the Terms and Conditions for Application for subsidized Child Care Services.

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Subscribed and sworn to, before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

My commission expires: \_\_\_\_\_ County of: \_\_\_\_\_

Signature of Notary: \_\_\_\_\_

(Notary to verify Employee's signature only)

Revised 06.02.2022