

# The Villages® Charter School

Este formulario debe ser llenado por su empleador/patron

## Proof of Employment

Please fill form out COMPLETELY.

As a benefit to all qualified employees working for The Villages (Category 1), its qualified direct sub-contractors (Category 2) and/or Business Partners (Category 3), their child(ren) may be eligible to attend The Villages Charter School. Eligibility for enrollment requires verification that the parent or legal guardian is eligibly employed. As an employee of your company, \_\_\_\_\_ would like to enroll their child(ren) \_\_\_\_\_ in The Villages Charter School. VCS requires a **signed** and **notarized** Proof of Employment Form from an authorized representative before enrollment can take place.

### Acceptable Authorized Representative

**Category 1 (direct employees of The Villages):** Compass HRM

**Categories 2 & 3 ( Direct Sub-Contractors to The Villages and Villages Business Partners)** Business Owner of Record, General Manager or Physician (Authorized Representative MUST attach their business card to Proof of Employment)

### EMPLOYER'S PROOF OF EMPLOYMENT STATEMENT

All Categories of Employment must complete this section

I, \_\_\_\_\_ certify that \_\_\_\_\_ is currently and actively

(Employer's Authorized Representative ) Employee Name) Compass ADP# (Category 1 only)

employed by \_\_\_\_\_  
(Company Name and Mailing Address) (Company Web Address)

(Signature of Owner/Authorized Representative) (Title) (Phone) (Date)

(Contact Person for Employment Verification) (Contact Phone) (Email Address)

What is the hire date for this employee? \_\_\_\_\_ What is the start date for this employee? \_\_\_\_\_

What is the location address where this employee physically works? \_\_\_\_\_

What is this employee's job title? \_\_\_\_\_

What are this employee's job duties? \_\_\_\_\_

Are they a permanent employee of this company? \_\_\_\_\_ Are they a sub-contractor to this company? Yes / No

Are they a pool employee for this company? \_\_\_\_\_ Are they a PRN employee? \_\_\_\_\_

How many hour per week does this employee work in their qualifying position? \_\_\_\_\_

### Only CATEGORY 1 OR 2 Businesses should complete this section

Department Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Compass HRM-Employee ADP# \_\_\_\_\_

Please notify the Enrollment Office if this employee no longer works for your company in their qualifying position, on Villages Property or if any of the above information changes. Understand that providing false information regarding your employee's status will jeopardize your business relationship with The Villages of Lake-Sumter, Inc.

### NOTARIZATION-All Categories of Employment must complete this section

Notarization Required of Authorized Representative's Signature - Document will not be accepted without Notarization

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this date by \_\_\_\_\_ who is  
(Authorized Representative)

personally known to me or who has produced \_\_\_\_\_ as identification and who did/did not  
take an oath. WITNESS my hand and official seal, this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_\_.

(Official Seal)

Signature-NOTARY PUBLIC

This form will be placed in the student's file as Proof of Employment record. You may return this form via U.S. mail to the address below or return to employee for delivery to VCS Enrollment Office.

VCS Enrollment Office

# The Villages® Charter School.

## Authorization for Release of Employment

I, \_\_\_\_\_ the undersigned parent of

(Parent Name)

\_\_\_\_\_, (hereafter known as "student")

(Student Name)

authorize and direct my current employer or any employer by whom I was employed during the period my student was enrolled at The Little Buffalo Center, The Villages Early Childhood Center, The Villages Charter Elementary School, The Villages Charter Middle School or The Villages High School to complete and execute proof(s) of employment in the form(s) provided by The Villages Charter School and to release any and all information requested to The Villages Charter School including, but not limited to, wages earned, period of employment, work schedules, payroll taxes paid or deducted, or information relating to state or federal taxes, fees or charges resulting from my employment with employer.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

## Notarization

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
Notary Public – State of Florida

\_\_\_\_\_  
Print Name of Notary Public

(seal)

\_\_\_\_\_  
Serial/Commission Number

Personally known \_\_\_\_\_ or Produced Identification \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_