

The Villages® Charter School

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):
The Villages Human Resources & Risk Management

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* *ADP Position ID# (Category 1 only)*

employed by _____
Company name *Company mailing address* *Company website*

Signature of Owner/Authorized Representative	Title	Phone	Date
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Contact Person for Employment Verification	Phone	Email
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What is the hire date for this employee? _____ What is their start date? _____

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? ☐ Yes ☐ No

Are they a sub-contractor to this company? ☐ Yes ☐ No

Are they a pool employee for this company? ☐ Yes ☐ No

Are they a PRN employee? ☐ Yes ☐ No

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	ADP Position ID#
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Please notify the Enrollment Office if this employee no longer works for your company in their qualifying position, on The 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.

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 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 _____, 202__.

Signature Notary Public

Official Seal

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.

The Villages® Charter School

Authorization for Release of Employment

I, Parent name the undersigned parent of Student name (hereafter known as "student") 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 of Owner/Authorized Representative

Date

Print Name

Notarization

Sworn and subscribed to me this _____ day of _____, 202_____.

Notary Public - State of Florida

Print Name of Notary Public

Official Seal

Serial/Commission Number

Personally Known ☐ or Produced Identification ☐

Type of Identification Produced: _____