

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.			Acceptable Authorized Representative		
			CATEGORY 1 (direct employees of The Villages): The Villages Human Resources & Risk Management		
As an employee of your company,			_	_	
would like to enroll their child(ren)			,	lirect sub-contractors to	
			The Villages and Village		
in The Villages Charter School. VCS requires a signed and notarized Proof of Business Owner of Re				cord, General, Manager or	
Employment Form from an authorized representative before enrollment can take place. Physician (Authorized representative MUST attach					
their business card to Proof of Employment)				Proof of Employment)	
Employer's Proof of Employment Statement					
All categories of employment must complete this section					
and the second s					
I,certify that Employer's authorized representative			Position ID# (Category 1 only)	is currently and actively	
Employer's authorized representative Employee na	ime	ADF	Category rollly)		
employed by					
Company name Company mailing address			Company website		
Signature of Owner/Authorized Representative	Title		Phone	Date	
October Brown for English and DV (final)					
Contact Person for Employment Verification	Phone		Email		
What is the hire date for this employee? What is their start	date?	Are they	a permanent employee of	f this company? Yes No	
		Are thev	a sub-contractor to this c	company? Yes No	
What is the location address where this employee physically works?		Are they a pool employee for this company? Yes No			
		Are they	a PRN employee? Yes	No	
What is this employee's job title?					
what is this employee's job title!		How many hour per week does this employee			
		work in th	neir qualifying position?		
What are this employee's job duties?					
Only category 1 or 2 businesses should complete this section.					
Department Name	Contact			ADP Position ID#	
Please notify the Enrollment Office if this employee no longe					
if any of the above information changes. Understand that pr	oviding fals	se information re	garding your employee's	s status will jeopardize your	
business relationship with The Villages.					
Notarization All categories of employment must complete	this spatian				
110 car 12 act of the American engines of employment must complete	uns section				
Notarization Required of Authorized Representative's Signature - Document will not be accepted without Notarization					
State of County of		The foregoing in	nstrument was acknowled	dged before me this date by	
who is personally known to me or who has produced				e an oath. WITNESS my hand	
			and who did/did not take	an Jaun. With ESS Highland	
and offical seal, this day of		, 202			

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.

Signature Notary Public

Official Seal