



# Child Care Services WAGE VERIFICATION FORM

TWIST#

## To Be Completed by Employee

### Release of Information

I \_\_\_\_\_, authorize the release of the following information to Workforce Solutions. I understand that additional information may be required from my employer and/or clients.

Signature: \_\_\_\_\_ SSN: \_\_\_\_\_ (Optional)

## To Be Completed by Employer

Do you currently employ \_\_\_\_\_?  YES  NO

Employee Work Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Pay Period:  Daily  Weekly  Bi-weekly  Semi-monthly  Monthly

Hourly rate of pay: \$ \_\_\_\_\_ Number of hours worked per week: \_\_\_\_\_

How is employee paid? Cash  Check  Other Income: Tips  Bonus / Commission / Incentives

Is overtime offered?  Frequently  Rarely  Never

### Work Schedule:

Please mark days and times employee is scheduled to work each week. **Example/Ejemplo: 8 am - 5 pm**

Days	<input type="checkbox"/> MONDAY	<input type="checkbox"/> TUESDAY	<input type="checkbox"/> WEDNESDAY	<input type="checkbox"/> THURSDAY	<input type="checkbox"/> FRIDAY	<input type="checkbox"/> SATURDAY	<input type="checkbox"/> SUNDAY
Times							

Comments: \_\_\_\_\_

**On the chart below, list the last FOUR pay periods paid to this employee:**

Pay Date	Pay Period Date From: To:	Hours Worked	Gross Wages
1			
2			
3			
4			

<b>FOR NEW EMPLOYEES</b>	Business/ Employer Name:
Date Hired:	Address:
Date First Check Issued:	Phone #:
<b>FOR EMPLOYEES NO LONGER WITH THE COMPANY</b>	Employer Representative Name:
Last Date of Employment:	Title:
Date Final Check Received:	Date:

The above information pertains to the employee's eligibility for Child Care Services and is subject to validation against state and federal databases, in-person interviews, and/or submittal of additional supporting documentation. I acknowledge that the information I have provided is true and correct. I understand that a person who provides false or incorrect information for someone to obtain or attempt to obtain, by fraudulent means, services to which a person is not entitled may be prosecuted under applicable state and federal laws.

\_\_\_\_\_  
Employer Representative Signature Date

### For Office Use:

Telephone Verification Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Representative Name, Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Comments: \_\_\_\_\_ Wage Verification Form Revised 04/25/2013