



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			

FOR NEW EMPLOYEES	Business/ Employer Name:
Date Hired:	Address:
Date First Check Issued:	Phone #:
FOR EMPLOYEES NO LONGER WITH THE COMPANY	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