Child Care Services
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WORK FORCE SOLUTIONS
HEART OF TEXAS
CHILD CARE SERVICES

Wage Verification Form

If you are currently employed, please have your employer complete this form.

Wage Verification Form

Employee Name _____ Social Security Number _____

Employee Address _____

Employee Phone Number _____

Date Hired _____ Last date of employment _____

How Often Paid? ○ Daily ○ Weekly ○ Bi-Weekly ○ Monthly

Hourly Rate of Pay _____ Gross Monthly (if salaried) _____

Estimate overtime pay based on past income history_____

Mark work days: ○ Mon ○ Tues ○ Weds ○ Thurs ○ Fri ○ Sat ○ Sun

If workdays vary, please indicate the number of days worked per week _____

What time(s) does this employee work _____

If varies, list days and nights average _____

Gross Pay	Date pay period began	Date pay period ended	Actual hours	Other Pay

To be eligible, employee must be working and/or training a minimum of 25 hours per week.

Average Number of Hours per Week _____ Average Hours per Day _____

Comments _____

_____

Employer or Agency Name _____

Address _____

Phone _____

_____ _____

Signature / Title of person providing information Date

I hereby give my permission to release information requested on this form and authorize Workforce Solutions for the Heart of Texas Child Care Services to confirm my employment.

_____ _____

Signature of employee releasing information Date

The Heart of Texas Workforce Board, Inc. is an equal opportunity employer/programs and auxiliary aids and services are available upon request to include individuals with disabilities. TTY/TDD via RELAY Texas service at 711 or (TDD) 1-800-735-2989 / 1-800-735-2988 (voice)