

Employment Verification Form

(To be completed by employer)

Applicant's Name: _____ **SS Number:** _____

To: The employer of the undersigned: _____ **Case Number:** _____

This is your authorization to release the information concerning my employment as required below. In order to establish eligibility for child care assistance with Workforce Solutions Northeast Texas, verification of employment hours and income is required. Please complete this form as soon as possible. It is required before I can be determined eligible for the program. You may fax to Workforce Solutions Northeast Texas at (903) 794-8012 or (877) 329-6772.

Your cooperation and prompt return of this information is appreciated.

Signature of Employee Date

TO BE COMPLETED BY EMPLOYER:

Business Name: _____ **Telephone #** _____
Business Address: _____

Approx Hire Date: _____ **Job Title:** _____

Circle how often the employee gets paid: | Weekly | Every Two Weeks | Twice Monthly | Monthly |

Please indicate the employee's work Schedule (Examples: "M-F, 8 am to 5 pm" or "11 am to 7pm--4 days on 2 days off" or "M-Sun Days Vary, 12 Midnight – 7 am")

Enter Work Schedule: _____

Does this schedule vary? Yes _____ No _____ **If yes, please explain below:**

PLEASE NOTE: A minimum of 25 hours per week participation in work or training is required for eligibility for child care assistance through Workforce Solutions.

Avg. # Hours Worked per Week _____ **Avg. Overtime Hours Worked per Week** _____
Hourly Rate of Pay: _____ **Hourly Rate for Overtime** _____

Weekly Avg. of Tips Earned (if applicable): _____ **Amt. of other Employment Income (such as commission, incentive pay)** _____

Yearly Avg. of Bonuses Received: _____

Comments _____

MUST BE SIGNED BY EMPLOYER

Person Completing This Form (Please Print) Title Phone #

Signature Date