

WAGE VERIFICATION FORM
Lee County Department of Social Services

TO: Lee County Dept. of Social Services
P.O. Box 1066
Sanford, NC 27331
Fax # (919) 718-4634

Case Name: _____
Case No: _____
Case ID: _____
Dist. No: _____

RE: _____ SSN: _____

This person has applied for social services. By signing the application, he has given permission to contacts any source necessary to verify certain information. Please verify employment information for Lee County DSS . This form must be completed by the employer.

Please complete any boxes that are checked.

[] Is this person currently employed by you or your company? [] Yes [] No

Beginning date of employment: _____

Date first check received or anticipated: _____

How many days did the individual work during the first pay period? _____

How many days will the individual normally work during a pay period? _____

How many estimated hours will the individual work per week? _____

Do you expect any changes in income? [] Yes [] No If yes, explain: _____

[] List the information for the last 3 pay periods below:

[illegible]

WAGE VERIFICATION FORM (CONTINUED)

☐ **How often is the pay received?**

☐ Daily ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Other

☐ **What day of the week is the pay received?**

☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

☐ **Does your company help pay for child care?** ☐ Yes ☐ No

If yes, how much? \$ How often? _____

☐ **What days and hours will this individual work?**

Earliest time in: _____ Latest time out: _____

Circle days this individual will work: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

☐ **If the individual is no longer employed by you, complete the following information:**

Reason for termination of employment:

☐ Quit ☐ Fired ☐ Laid off ☐ Other: _____

Date employment terminated: _____ Date final pay received: _____

Amount of gross income received during the last month of employment:

\$ _____

If this person quit, please explain the circumstances (reason given by employee):

Thank you for your assistance in this matter. If you have any questions regarding this form, Please contact a child care subsidy caseworker at (919) 718-4690.

PERSON COMPLETING THIS FORM SHOULD SIGN BELOW.

Company Name

Name and Title of Person Completing Form

Date

Company Address

() _____

Telephone Number

City State Zip Code