

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