

PAY HISTORY VERIFICATION FORM

Section A:	Employee Information	Use Ink ONLY -White-out NOT accepted	
Customer Name:		*SSN:	
Mailing Address, City, State:		Phone Number:	
Employee Hire Date:	Return f	Return from Leave of Absence Date:	
How many work hours does the employee average per week?			
How often is he/she paid? 🚨 Weekl	ly 🗖 Bi-Weekly 📮 Twice a month	☐ Monthly	
Hourly Rate of Pay:	Rate of	Pay if Salaried:	
Section B: Only Complete this section if employee has been employed longer than 3 months			
Paid weekly provide **gross amount for current 13 pay periods; Employee was paid total gross of \$Please list total hours worked for the current 13 pay period			
Paid bi-weekly provide **gross amount for current 7 pay periods Employee was paid total gross of \$Please list total hours worked for the current 7 pay periods			
Paid twice per month provide **gross amount for current 6 pay periods Employee was paid total gross of \$Please list total hours worked for the current 6 pay periods			
Paid monthly provide **gross amount for current 3 pay periods Employee was paid total gross of \$Please list the total hours worked for the current 3 pay periods			
** If Total Gross includes Bonus/Lump Sum/incentives Please list amount \$How often received:			
PERMISSION FOR RELEASE OF INFORMATION I hereby give my permission to release information required on this form.			
SignedDate			
Section C: EMPLOYER INFORMATION			
Company Name:	Company Ac	ddress, City, State:	
Company Representative Signature:	Date:		
Company Representative Printed Na	me: Phone Numl	ber:	
Title:			

Equal opportunity employer/program Auxiliary aids and services available upon request to individuals with disabilities Relay Texas: 1-800-735-2989 (TDD) or 7-1-1 (Voice) The Texas Workforce Commission prosecutes fraud to ensure that child care funds are maximized for qualified families. To report suspected fraud,