TEXAS WORKFORCE SOLUTIONS

Child Care Services
Employment/Income Verification

To Be Completed by the Employee

Employee Name: _____ Case Number: _____

Note to Employer: This is your authorization to release the information concerning my employment as required below. In order to establish eligibility for child care services, verification of income actually received for the period __/__/____ to __/__/____ is needed. Please complete this form as soon as possible as it is required before I, or a member of my family, can be determined eligible for the program.

Your cooperation and prompt return of this information is appreciated.

Thank you,

_____ Date: __/__/____
Employee Signature

To Be Completed by the Employer

Employer's Name:

_____

Street Address:

_____

City: _____ State: _____ Zip: _____

Telephone: _____

Employed from: __/__/____ to __/__/____ Position: _____
(Month/Day/Year)

Hourly Pay Rate: $_____/hour Average # of Hours Scheduled per Week: _____

OR

Gross Pay (Before Deductions) per Pay Period: $_____

Pay Frequency: ☐ Weekly ☐ Every Two Weeks ☐ Twice a Month ☐ Monthly

Typical Work Schedule (for example, Monday–Friday, 8:00 a.m.–5:00 p.m.):

_____

Overtime Pay Frequency: ☐ Frequently ☐ Rarely ☐ Never

Estimated Monthly Overtime Pay: $_____

Does this employee receive tips? ☐ Yes ☐ No

Estimated Monthly Tip Income: $_____

Does this employee receive bonuses? ☐ Yes ☐ No If yes, how often?

Estimated Monthly Bonus Income: $_____

Comments:

_____

_____

Employer Representative Name and Title (**Please print.**)

_____

Employer Representative Signature

__/__/____

Date

Please turn in your completed Income Verification form to your Local Workforce Board.

To Be Completed by Workforce Solutions Staff
Staff Comments: