



Child Care Services Employment/Income Verification

Employee Name: _____

TWIST ID: _____

NOTE TO EMPLOYER: This is your authorization to release the information concerning my employment as required below. Please complete this form within 3 days of receipt 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: _____

Signature of Employee _____

TO BE COMPLETED BY THE EMPLOYER/COMPANY	
Company's Name: _____	
Street Address: _____	
City: _____	State: _____ Zip: _____ Telephone: _____
Employment Start Date: ____/____/____	Position: _____
Pay Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Every Two Weeks/Biweekly <input type="checkbox"/> Twice a Month/Semi-monthly <input type="checkbox"/> Monthly	
Hourly Wage \$ _____	Salary Wage \$ _____ Date first pay check received: ____/____/____
Average Number of Hours Scheduled per Week: _____	
Work Schedule-Indicate days of the week (Example: Sun to Sat) _____ (MUST PROVIDE)	
Hours worked: (Example: 6 a.m. to 7:00 p.m.): _____ (MUST PROVIDE)	
Overtime Pay Frequency: <input type="checkbox"/> Frequently <input type="checkbox"/> Rarely <input type="checkbox"/> Never	Weekly Overtime hours: _____ Frequency: _____
Does this Employee Receive Tips: <input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated Tip Income: _____ Frequency: _____
Does this Employee Receive Bonuses: <input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated Bonus Income: _____ Frequency: _____
Does this Employee Receive Commission: <input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated commission Income: _____ Frequency: _____
Other source of income (specify): _____	
Comments: <i>If no longer employed, indicate the last day worked.</i>	
_____ Name and Title of Employer Representative (PLEASE PRINT)	
_____ Signature of Employer Representative	_____ Date

PLEASE RETURN TO:

WORKFORCE SOLUTIONS CAMERON

Attn: (Staff name): _____

BY MAIL: _____

Street Address City State Zip

BY FAX: _____ or ccservices@wfscameron.org

BY EMAIL: _____