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: ☐ Weekly ☐ Every Two Weeks/Biweekly ☐ Twice a Month/Semi-monthly ☐ 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: ☐ Frequently ☐ Rarely ☐ Never Weekly Overtime hours: _____ Frequency: _____
Does this Employee Receive Tips: ☐ Yes ☐ No Estimated Tip Income: _____ Frequency: _____
Does this Employee Receive Bonuses: ☐ Yes ☐ No Estimated Bonus Income: _____ Frequency: _____
Does this Employee Receive Commission: ☐ Yes ☐ No Estimated Commission Income: _____ Frequency: _____
Other source of income (specify): _____
Comments: *If no longer employed, indicate the last day worked.*

_____

_____

_____
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: _____

Equal Opportunity Employer/Program
Auxiliary Aids are available upon request to individuals with disabilities. Relay: 1-800-735-2989 (TYY) / 711 (Voice).
Este documento contiene información importante sobre los requisitos, los derechos, las determinaciones y las responsabilidades del acceso a los servicios del sistema de la fuerza laboral. Hay disponibles servicios de idioma, incluida la interpretación y la traducción de documentos, sin ningún costo y a solicitud.