

Employment Verification Form (To be completed by employer)

Applicant's Name: _____

Case Number: _____

To: The employer of the undersigned:

This is your authorization to release the information concerning my employment as required below. In order to establish eligibility for child care assistance with Workforce Solutions Northeast Texas, verification of employment hours and income is required. Please complete this form as soon as possible. It is required before I can be determined eligible for the program. You may fax or email to Workforce Solutions Northeast Texas at (903) 794-8012 or (877) 329-6772 or ccs@netxworks.org.

Your cooperation and prompt return of this information is appreciated.

Signature of Employee

Date

TO BE COMPLETED BY EMPLOYER:

Business Name: _____ **Telephone #** _____

Business Address: _____

Employed from: ____/____/____ **to** ____/____/____ **Actual Start Date:** ____/____/____

Job Title: _____

Pay Frequency: Weekly Every Two Weeks Twice Monthly Monthly

Typical Work Schedule: (Examples: "M-F, 8 am to 5 pm" "4 days on 2 days off" or "M-Sun Days Vary)

Does this schedule vary? Yes No **If yes, please explain:**

Avg. # Hours Scheduled per Week: _____ **Rate of Pay:** _____ **Overtime Rate:** _____

Total Gross Income for the last 3 months*: _____ **Total Hours Worked the last 3 Months*:** _____

*If employment has been less than 3 month, put total for the whole time of employment.

Comments _____

MUST BE SIGNED BY EMPLOYER

Person Completing This Form (Please Print)

Title

Phone #

Signature

Date

Babel Notice:

This document contains vital information about requirements, rights, determinations, and/or responsibilities for accessing workforce system services. Language service, including the interpretation/translation of this document, are available free of charge upon request.

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.

EQUAL OPPORTUNITY IS THE LAW

Workforce Solutions Northeast Texas dba Workforce Solutions is an equal opportunity employer/program and auxiliary aids and services are available upon request to include individuals with disabilities. TTY/TDD via RELAY Texas service at 711 or (TTD) 1-800-735-2988 (voice).