WORKFORCE SOLUTIONS Texoma
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CHILD CARE SERVICES
EMPLOYMENT/INCOME VERIFICATION

Language Assistance/Asistencia de idioma

This document contains vital information about requirements, rights, determinations, and/or responsibilities for accessing workforce system services. Language services, 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.

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 identified below is necessary. 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. For questions, or to complete by phone, please contact: Workforce Solutions Texoma, 903-463-9997.

Thank you,

_____ Date: _____
Signature of Employee

Please mail, fax, or email the completed form to:

Workforce Solutions Texoma
Attn: Child Care Services
2415 South Austin Ave., Suite 105
Denison, TX 75020
Fax: 903-463-3073
Email: childcare@wfstexoma.org

TO BE COMPLETED BY THE EMPLOYER

Employer's Name:
_____

Street Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Employed From: ____/____/____ to ____/____/____ Position: _____
Month/Day/Year Month/Day/Year

Average Number of Hours Scheduled per Week: _____ Current Hourly Wage: _____

Date of first full pay check: _____Paid in Cash? ☐ Yes ☐ No

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

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

Typical Work Schedule (i.e., Monday – Friday 8-5:00):
_____

Workforce Solutions Texoma is an equal opportunity employer/program. Program auxiliary aids and services are available upon request to individuals with disabilities. Individuals with speech and/or hearing impairments may call 711 for assistance.

10/16, 5/18; 6/20; 03/21; 10/26

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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:

_____

_____

Name and Title of Employer Representative (PLEASE PRINT)

_____ _____

Signature of Employer Representative **Date**

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

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