

CHILD CARE SERVICES

EMPLOYMENT/INCOME VERIFICATION

Employee Name: _____ Case #: _____ 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 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:	
Signature of Employee		Date	
Employer's Name:			
Street Address:			
City:	State:	Telephone:	_
TC) BE COMPLETI	ED BY THE EMPLOYER	
1 .	/ If No Day/Year	Longer Employed, Termination Date:	
Hourly Income: Average Number of Hours Weekly:			
Pay Frequency: \Box Weekly \Box E	very Two Weeks	\Box Twice a Month \Box Monthly	
Typical Work Schedule:			
Name and Title of Employer Repr (Please Print)	esentative:		
Signature of Employer Representa	tive:		
Date:	_		
Comments:			

The Heart of Texas Workforce Board, Inc. is an equal opportunity employer/programs and auxiliary aids and services are available upon request to include individuals with disabilities. TTY/TDD via RELAY Texas service at 711 or (TDD) 1-800-735-2989 / 1-800-735-2988 (voice).