

**CHILD CARE SERVICES**  
EMPLOYMENT VERIFICATION LETTER

Applicant Name: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

*I give my consent to submit this information to CCS.*

**\*\*Applicant; do NOT write below this line\*\***

**TO BE COMPLETED BY AUTHORIZED COMPANY REPRESENTATIVE**

Company Name: \_\_\_\_\_ Company Phone Number: \_\_\_\_\_

Employee Job Title: \_\_\_\_\_ Employee Hire Date: \_\_\_\_\_

Position Type:  Full-time  Part-time  PRN: Average Weekly Work Hours: \_\_\_\_\_

Hourly Pay Rate: \$ \_\_\_\_\_ Paid Frequency:  Weekly  Every Two Weeks  Twice a Month  Monthly

Does employee receive other pay?  YES  NO - If yes, please check type of pay and enter YTD total below:

Overtime YTD: \$ \_\_\_\_\_  Tips YTD: \$ \_\_\_\_\_  Commissions YTD: \$ \_\_\_\_\_  Bonuses YTD: \$ \_\_\_\_\_

**QUALIFYING REASON – DO NOT LEAVE THIS SECTION BLANK IF EMPLOYED MORE THAN 3 MONTHS**

**To use this form, there MUST be a qualifying reason the employee cannot produce 3 full months of paycheck stubs.**

**Qualifying Reason:**

- New Hire
- Returned to work after a leave of absence
- No traditional check stubs/paid in cash
- Permanent change in hours/pay/frequency/position
- Unable to print stubs due to company equipment/technical issues

**AUTHORIZED COMPANY REPRESENTATIVE INFORMATION**

Workforce Solutions Deep East Texas Child Care Services is required to verify this information. Will you or another authorized representative be able to verify this information via phone or email:

YES:  Via phone at: \_\_\_\_\_  Via email at: \_\_\_\_\_ @ \_\_\_\_\_

NO:  Not allowed to give employee income information over the phone, but I am authorized to complete this form.

For income information, company reports to The Work Number and the employer code is: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Company Representative

\_\_\_\_\_  
Title of Company Representative

\_\_\_\_\_  
Signature of Company Representative

\_\_\_\_\_  
Date