

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: Weekly Work Hours: _____ ☐ PRN - Avg weekly hours worked _____

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:

☐ 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