CHILD CARE PAYMENT PROGRAM

WAGE VERIFICATION FORM

The following individual is an applicant for child care subsidy. His/her signature below authorizes the release of wage information requested on this form and the release of information regarding his/her employment. His/Her signature below releases the company (employer) from any liability for any damage resulting from disclosure of this information.

____________________________________  ___________________________________  ________
Employee Name                   Employee Signature         Date

SECTION A: EMPLOYEE TYPE

Select the type that applies to the above listed individual’s employment status.

☐ NEWLY HIRED EMPLOYEE: Has been employed for less than 30 days.
☐ ONGOING EMPLOYEE: Has received payment for at least 30 days of employment.
☐ SELF EMPLOYED: Business is less than 12 months old. Complete Sections A & C only. Must also submit a copy of the business license.
☐ SELF EMPLOYED ONGOING: Business has filed at least one Federal Income Tax Return. Complete Sections A&C only. Must also submit the most recent Estimated Tax Report or Schedule C from the 1040 Federal Tax Form.

Date Hired/Started Business if Self Employed: ________________         Start Date: ________________

Type of Job: _____________________________

Wage Calculation: ☐ Hourly   ☐ Weekly   ☐ Monthly   Wage/Rate of Pay: ________________/hr/wk/mo (circle one)

Method of Payment: ☐ Cash   ☐ Direct Deposit   ☐ Company Check   ☐ Personal Check*

*If paid by personal check, you must submit copies of the last two cancelled paychecks.

Pay Frequency: ☐ Daily   ☐ Weekly   ☐ Two Times a Month   ☐ Every Two Weeks   ☐ Monthly

Is employee eligible for any of the following? (check all that apply):
☐ Tips   ☐ Bonuses   ☐ Commission   ☐ Overtime   ☐ Other pay above regular earnings
SECTION B: WAGE VERIFICATION

If paid weekly, fill out rows 1-4 below. If paid twice a month or every two weeks, fill out rows 1-2 below. If paid monthly, fill out row 1 below. If paid daily, fill out rows 1-4 and attach an additional page to reflect a month’s worth of payment.

<table>
<thead>
<tr>
<th>Date Pay Period Ended</th>
<th>Date Employee Received Payment</th>
<th>Actual Hours Worked</th>
<th>Gross Pay</th>
<th>Other Pay Type (tips, commission, etc.)</th>
<th>Other Pay Amount</th>
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SECTION C: SIGNATURE

________________________________________                              _______________________________________
Signature of Person Completing the Form      Name of Business

________________________________________                              _______________________________________
Title           Address

________________________________________                             ________________________________________
Date           City                                   State                        Zip

Phone Number