



## Employment and Wage Verification

Return Completed Form To:  
3991 E 29<sup>th</sup> Street, Bryan TX 77802  
Mail: PO Box 4128, Bryan TX 77805  
Fax: (979) 595-2810  
Email: [CCMS@BVCOG.org](mailto:CCMS@BVCOG.org)  
Phone: (979) 595-2801, ext 2105

TWIST ID: \_\_\_\_\_

This section to be completed by Employee:

I GIVE PERMISSION to release information about employment, wages, and work hours to the Texas Workforce Commission, Workforce Solutions Brazos Valley, Child Care Services:

Printed Name: \_\_\_\_\_ Social Security Number (Optional) \_\_\_\_\_

Signature: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

This section must be completed by Employer:

1. Is the person listed above currently employed by you? ☐ Yes ☐ No Date of Hire: \_\_\_\_\_
2. Date current pay rate went into effect: \_\_\_\_\_ Position: \_\_\_\_\_
3. Rate of pay \$\_\_\_\_\_ per: ☐ Hour ☐ Week ☐ Month ☐ Other: \_\_\_\_\_
4. Pay Schedule: ☐ weekly ☐ every two weeks ☐ twice monthly ☐ monthly ☐ other \_\_\_\_\_
5. Hours Scheduled per week: \_\_\_\_\_ Work Schedule (i.e., 9am-5pm, 1pm-4pm) for each scheduled day:  
Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_
6. Does this schedule rotate? ☐ Yes ☐ No

7. **Please provide information for only the box checked below.**

☐ Wage and Hour information for the previous 3 Months (Weekly=13, Bi-Weekly=7, Semi-Monthly=6, Monthly=3)

Pay Period Date Range	Pay Received Date	Hours Worked, Including Paid Time Off	Total Gross Wages	Do these Total Gross Wages include tips, commission, or a bonus?	Did employee receive tips commissions, or bonuses that are not included in the Total Gross Wages?
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

☐ Income period From: \_\_\_\_\_ To: \_\_\_\_\_

(dates to be filled out by workforce staff)

Comments (Please include date of Termination here if person is no longer employed): \_\_\_\_\_

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

Printed Name of Person Signing form: \_\_\_\_\_

Business Title of Person Signing Form: \_\_\_\_\_

Signature: \_\_\_\_\_

Equal opportunity employer/program.

Auxiliary aids and services are available upon request to individuals with disabilities.

Relay Texas (800) 735-2989, TDD (800) 735-2988 Voice, TTY (979) 595-2819