



## 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: \_\_\_\_\_ Date of Termination: \_\_\_\_\_
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
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				<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

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: \_\_\_\_\_