



American Job Center

Employment and Wage Verification

Return Completed Form To:
 3991 E 29th Street, Bryan TX 77802
 Mail: PO Box 4128, Bryan TX 77805
 Fax: (979) 595-2810
 Email: 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
				<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

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: _____

A proud partner of the American Job Center network.

Equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.
 Deaf, hard-of-hearing and speech impaired customers may contact: [Relay Texas](https://www.relaytx.org): (800) 735-2989 (TTY) or 711 (Voice).