Workforce Solutions Child Care Services 1213 13th Street, Lubbock, TX 79401



806-744-3572 or 800-658-6284

To Human Resources, Payroll Department or Direct Supervisor:

This form is being given to you by a parent/caretaker who needs confirmation of employment and income so that his/her family's eligibility for child care assistance may be determined. Please fill out the information below, the chart on the back and sign the form. It is the parent's responsibility to return this form to Child Care Services.

Name of Parent/Caretaker:
Social Security Number: Hire Date
Employer/Business Name Telephone
Work Schedule (Use the chart on the back of this page. Days of the week and times of day are require
Scheduled number of hours per week: Rate of pay:
Number of hours of overtime per week: Rate of pay:
Number of hours with shift deferential per week: Additional pay:
Commission: weekly monthly Bonus: weekly monthly
Pay periods are weekly, every 2 weeks, twice a month, monthly, other (specify)
For the last 3 pay periods:
Period ending Number of hours worked Gross pay
Period ending Number of hours worked Gross pay
Period ending Number of hours worked Gross pay
Was there any vacation time or unusual circumstances during any of the last three pay periods?
nformation provided by:
Signature: Title:
Direct Telephone Number: In case we have any questions about the above informat
understand that this form may be used only once. Future verification must be copies or check stubs and work schedules. Parent's signature:

Workforce Solutions South Plains is an equal opportunity employer/programs. Auxiliary aids and services are available upon request to individuals with disabilities. Relay Texas: 711 (voice); 800-735-2989 (TDD); or Relay Texas Spanish 800-662-4954.



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Sunday