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 childcare@workforcesolutionstexoma.com

Atencion:

Para obtener esta u otras formas on Espanol,
 favor the llamar a esta oficina al

(903)463-9997 / (800)813-1992

Work Schedule Verification Form (To be completed by employer)

Employee Name: _____

CCS Case #: _____

Note to employer: Your employee is applying for or is currently receiving Child Care Assistance with Workforce Solutions Texoma. To determine eligibility, we must receive a detailed summary of working hours. Please complete the following information:

TO BE COMPLETED BY EMPLOYER:

Company Name: _____

Company Address: _____

Total Hours Worked Per Week: _____

Weekly Work Schedule:

Week Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time In							
Time Out							

Does this schedule vary? YES NO If yes, please explain in detail:

SIGNATURE (MUST BE SIGNED BY EMPLOYER)

Person completing this form (please print)

Title & Phone #

Signature

Date