



202 Henry O. Flipper St.
 San Angelo, TX 76903
 (325) 653-2321 or 1-800-996-7589
 WORKFORCE FAX: (325) 655-4649 or CHILDCARE FAX: (325) 658-7291

EMPLOYER WAGE AND WORK SCHEDULE VERIFICATION FORM

I hereby authorize my employer _____ to release the information requested below to Workforce Solutions Concho Valley to help determine program eligibility.

Customer Signature: _____	Date: _____	TWIST ID #: _____	
---------------------------	-------------	-------------------	--

- Is _____ employed by you? YES NO
- Date Hired: _____ Start Date (if different than hire date): _____
- Job Title: _____
- Duties: _____
- Hourly Rate: \$ _____
- Does or will this employee receive tips? YES NO
 If yes, please provide average daily tip amount: \$ _____
- Average number of hours scheduled to work per week: _____
- This employee is paid: Weekly Every Two Weeks Twice a Month Monthly
- Pay cycle: From: (day of week) _____ To: (day of week) _____
- This employee's weekly work schedule:

	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.	Sun.
From:							
To:							
- Do you expect any changes in the schedule in the near future? YES NO
 If "yes", please explain: _____

Company Name: _____	Company Phone Number: _____
Company Address: _____	Company FAX Number: _____
Name and Title of Person Providing Information (please print): _____	
Signature of Person Providing Information: _____	Date Signed: _____

This information is requested by:

WFS Staff
Please Print

Date