



TEXAS

Health and Human Services

Date

Caseworker

Office Address, Area Code and Telephone No.

Area Code and Fax No.

Name and Address

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[]

Employee and Household Member

Social Security No.

This individual is a member of a household applying for assistance from the Texas Health and Human Services Commission or has income that affects another household's application for assistance. To determine the household's eligibility, it is necessary to verify all earnings. Since this person is (or was) your employee, your help is needed.

Here's How You Can Help: Please provide the information requested on the back of this letter. Please ensure that all information is complete and correct, since it will affect someone's eligibility and benefits. If a question does not apply, mark it N/A. After you complete the form, give it to your employee or mail it in the envelope provided -or you may Fax it to the number listed above.

This information is needed by _____ . Please send it before this date.

Notice To Employers: You may be eligible for a tax refund, credit or both for hiring recipients who receive TANF or food stamp benefits. For more information contact the Texas Workforce Commission, Work Opportunity Tax Credit Unit at 800-695-6879.

Thank you for helping. If you have questions, please feel free to call.

Case Name

Case No.

I, _____ give my permission to release the information requested on this form.

Signature

Date

Employment Verification

Employee Name (as shown on your records)	
Employee Address (Street, City, State, ZIP Code - as shown on your records)	
Is (or was) this person employed by you? <input type="radio"/> Yes <input type="radio"/> No	If yes, what type of job? <input type="radio"/> Full Time <input type="radio"/> Part Time <input type="radio"/> Permanent <input type="radio"/> Temporary

If no: Stop here – sign and date the bottom of this form and return it.
If yes: Answer all the questions below. If a question doesn't apply, write "N/A"

Rate of Pay	<input type="radio"/> Per Hour <input type="radio"/> Per Day <input type="radio"/> Per Week <input type="radio"/> Per Month <input type="radio"/> Per Job	How Often Paid?	Average Hrs. per Pay Period
Commissions/Tips/Bonuses <input type="radio"/> Yes <input type="radio"/> No	Overtime Pay <input type="radio"/> Frequently <input type="radio"/> Rarely <input type="radio"/> Never	FICA or FIT withheld <input type="radio"/> Yes <input type="radio"/> No	Profit Sharing/Pension Plan <input type="radio"/> Yes <input type="radio"/> No
Health insurance available? <input type="radio"/> Yes <input type="radio"/> No	If yes, employee is: <input type="radio"/> Not Enrolled <input type="radio"/> Enrolled with Family Member <input type="radio"/> Enrolled for Self Only		Name of insurance Company
Date Hired	Date first check received	Average hours per Week	If Employee is/was on Leave Without Pay: Start Date: _____ End Date: _____
Do you expect any changes to the above information within the next few months? <input type="radio"/> Yes <input type="radio"/> No			

On the chart below, list all wages received by this employee during the month(s) of:

Date Pay Period Ended	Date Employee Received Paycheck	Actual Hours	Gross Pay	Other Pay* (tips, commissions, bonuses)	EITC Advance

* Please explain (in comments section below) when and how often tips, commissions, or bonuses are received.

If this person is no longer in your employ:

Date Separated	Reason for Separation	Date Final Check Received	Gross Amount of Final Check
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Comments:

Company or Employer	Address (Street, City, State, ZIP code)
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This information is true and correct to the best of my knowledge and belief.

Signature – Person Verifying this Information _____ Date _____	Title _____	Area Code and Telephone No. _____
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