Date

Caseworker
Office Address and Telephone No. with Area Code
Fax No. with Area Code

Name and Address

Employee/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 ______________________, so if you could send it before this date it would be most appreciated.

NOTICE TO EMPLOYERS: You may be eligible for a tax refund and/or tax credit for hiring recipients who receive TANF or food stamp benefits. For more information contact the Texas Workforce Commission, Work Opportunity Tax Credit Unit at 1-800-695-6879.

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

THANK YOU for taking the time to complete all of the information on this form. Your help is very much appreciated.

Employee Name (as shown on your records)

Employee Address (Street, City, State, ZIP - as shown on your records)

Is (or was) this person employed by you? ☐ Yes ☐ No ← If yes, what type of job? ← ☐ Full Time ☐ Part Time ☐ Permanent ☐ Temporary

Rate of Pay ← ☐ Per Hour ☐ Per Day ☐ Per Week ☐ Per Month ☐ Per Job | How often paid? | Average Hrs. per Pay Period

Commissions/Tips/Bonuses ☐ Yes* ☐ No | Overtime Pay ☐ Frequently ☐ Rarely ☐ Never | FICA or FIT withheld ☐ Yes ☐ No | Profit Sharing/Pension Plan ☐ Yes ☐ No ← If yes, current value

Health insurance available? ☐ Yes ☐ No ← If yes, employee is: ☐ Not Enrolled ☐ Enrolled with Family Members ☐ 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? ☐ Yes ☐ No ← If yes, explain:

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

Comments:

Company or Employer	Address (Street, City, State, ZIP)

This information is true and correct to the best of my knowledge and belief.

Signature — Person Verifying this Information

Date

Title	Telephone No. with Area Code