TWIST ID

WorkforceSolutions ALAMO
CHILD CARE SERVICES

Client must sign bottom of form giving permission to release this information.

CCS Employment Verification
To Be Completed by Employer

Thank you for taking the time to complete all the information on this form. Your help is very much appreciated.

Employee Name: _____ **Employee Address:** _____

Current employee? ☐ Yes ☐ No **Job Title:** _____ **Date Hired:** _____ **Date First Check Received:** _____

Former employee? ☐ Yes ☐ No **Date Separated:** _____ **Date Final Check Received:** _____**Gross Amount: $**_____

Position Type ☐ Full-Time ☐ Part-Time ☐ Permanent ☐ Temporary | **Pay Frequency** ☐ Weekly ☐ Bi-Weekly ☐ Twice-A-Month ☐ Monthly

Rate of Pay $_____per_____ **Average Hrs. per Week:** _____

Commissions, Tips or Bonuses ☐ Yes ☐ No **Amount:** _____
Overtime Pay ☐ Frequently ☐ Rarely ☐ Never **Amount:** _____

Work Schedule ☐ Mon ☐ Tue ☐ Wed ☐ Thur ☐Fri ☐ Sat ☐ Sun
Hours Worked (EXAMPLE 8A-5P): _____

Is/was employee on leave ☐ Yes (With Pay) ☐ Yes (Without Pay) ☐ No **Leave Start Date:** _____ **Leave End Date:** _____

Do you expect any changes to the above information? ☐ Yes ☐ No **If yes, explain:** _____

DATE PAY PERIOD ENDED (Recent 3 months if applicable)	**DATE PAYCHECK RECEIVED**	**ACTUAL HOURS**	**GROSS PAY AMOUNT**	**OTHER PAY*** (Tips, Commissions, Bonuses)

***Comments (**Please explain when and how often tips, commissions, or bonuses are received)**:**

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

Company or Employer: _____ Address: _____

Authorized Personnel Name: _____ Title: _____

Email: _____ Telephone: _____

Signature: _____ Date: _____

I, _____ **give my permission to release the information requested on this form.**
Yo, _____ doy mi permiso para que mi empleador de la informacion que se pide en esta forma.

Signature/ Firma: _____ Date/Fecha: _____

CITY OF SAN ANTONIO
DEPARTMENT OF HUMAN SERVICES
TEAMWORK • INTEGRITY • INNOVATION • PROFESSIONALISM

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