

COMMONWEALTH OF KENTUCKY
Cabinet for Health and Family Services
Department for Community Based Services
Division of Child Care
Verification of Employment and Wages

Type of Action
 APP
 REDET
 CHANGE

Date _____

Case Name _____

Case Number _____

Return to: Worker Name _____

Phone (____) _____

Address _____

Fax (____) _____

Employer _____

Please provide the following information from your records for _____

(Employee Name)

(SSN) _____

1. Employee Name and/or SSN (if different) _____
2. Is this person currently employed by you? Yes No
3. Date of most recent hiring _____ Date first paid _____
4. Hourly Pay Rate _____ Overtime Rate _____ Anticipated Hours per Week _____ Day of Week Paid _____ Shift Premium _____
5. Is the employee's share of taxes deducted from gross wages? Yes No
6. Is the employee's hourly Pay Rate scheduled to change? Yes No If yes, the Pay Rate will change to _____ beginning on _____ and will be reflected in the check the employee will receive on _____.
7. Are wages paid weekly, every two weeks, twice a month, monthly, other _____?
8. List the wages that have been paid during the months of _____ through _____.
9. Employee title _____
10. Employee work schedule _____ am/pm to _____ am/pm Days worked: M T W TH F SA SU (Please circle all days worked)

Date Received	Hours	Gross Wages	*Tips	**Earned Income Credit (EIC)	Taxes Withheld	Date Received	Hours	Gross Wages	*Tips	**Earned Income Credit (EIC)	Taxes Withheld
1.						6.					
2.						7.					
3.						8.					
4.						9.					
5.						10.					

*Report separately if not included in gross wages. **Report the amount of the EIC payment SEPARATELY. Do not include EIC in gross wages.

Current Employment Status: Fired Quit Leave Other _____ Date _____

Reason for loss of employment _____

If Leave, date of expected return _____ Date of last check _____

Warning: Any person who aids another person to obtain assistance (or benefits) fraudulently is subject to penalties provided by state and federal law, including fines, imprisonment or both.

I certify that the information contained in this form is true and correct to the best of my knowledge.

Employer/Business Name _____

Please list name, address and telephone number of the company through which payroll is issued, if different.

Name _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

Signature _____ Title _____ Date _____

Print Name _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

