**Salary Verification Letter**

**County Name:**

**Client Name: *Case #:***

**Client SSN:**

**To Be Completed By Your Employer (The following information is necessary to determine eligibility for Child Care Assistance):**

**Name of the business:**

**Business Address:**

**First day of Employment: First date of Check:**

**Expected Weekly Work Schedule:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sun** | **Mon** | **Tue** | **Wed** | **Thu** | **Fri** | **Sat** | **Total Hrs per week** |
|  |  |  |  |  |  |  |  |

**Please fill in above weekly schedule – If flex schedules please mark any regular days off (OFF) – Fill in other days with the range of hours the person may work.**

**Rate of Pay: $**

**Monthly Gross Wages: $**

**Taxes Withheld:  Yes  No**

**Additional income (overtime/commissions/bonuses/tips\*)  Yes (If yes complete the following)  No**

**How Much: How Often:**

**\*If tips, what percentage is reported:**

**The above person has indicated that s/he is employed with your business. Please complete the following information.**

**Printed Name Title**

**Phone Number**

**Signature Date**