

Employment Verification Form

(To be completed by employer)

Applicant's Name: _____ **SS Number:** _____

To: The employer of the undersigned: _____ **Case Number:** _____

This is your authorization to release the information concerning my employment as required below. In order to establish continued eligibility for child care assistance with Workforce Solutions Northeast Texas, verification of last day worked is required. Please complete this form as soon as possible. You may fax to Workforce Solutions Northeast Texas at (903) 794-8012 or (877) 329-6772.

Your cooperation and prompt return of this information is appreciated.

Signature of Employee _____ Date _____

TO BE COMPLETED BY EMPLOYER:

Business Name: _____ **Telephone Number:** _____
Business Address: _____

Last day worked: _____

Date returning to work: _____

Comments _____

MUST BE SIGNED BY EMPLOYER

Person Completing This Form (Please Print) _____ Title _____ Phone # _____

Signature _____ Date _____

Babel Notice:

This document contains vital information about requirements, rights, determinations, and/or responsibilities for accessing workforce system services. Language service, including the interpretation/translation of this document, are available free of charge upon request. Este documento contiene información importante sobre los requisitos, los derechos, las determinaciones y las responsabilidades del acceso a los servicios del sistema de la fuerza laboral. Hay disponibles servicios de idioma, incluida la interpretación y la traducción de documentos, sin ningún costo y a solicitud.

EQUAL OPPORTUNITY IS THE LAW

Workforce Solutions Northeast Texas dba Workforce Solutions is an equal opportunity employer/program and auxiliary aids and services are available upon request to include individuals with disabilities. TTY/TDD via RELAY Texas service at 711 or (TTD) 1-800-735-2988 (voice).