Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

Employment Verification Form

WIC Staff Completes the Following:

_____ is a member of a household applying for assistance
(Name of applicant or member of applicant's household)
or has income that affects another household's application for assistance. To determine the household's eligibility, we must verify all earnings. Since this person is your employee, your assistance is needed.

Employee Completes the Following:

I authorize the employer listed below to release the information on this form.

Signature of employee (applicant or member of applicant's household) Date

Employer Completes the Following:

Company/Employer Telephone No.

Address:
(Physical Address) (City) (State) (Zip Code)

1. Is the person named above currently employed with your company? ❑ Yes ❑ No Date Hired:
2. Hourly wage (complete only if paid hourly) $ /hour
3. How often paid? ❑ Daily ❑ Weekly ❑ Every two weeks ❑ Twice monthly ❑ Monthly
4. Is the employee usually paid commission, overtime, or tips? ❑ Yes ❑ No

In the chart below, record the gross amount of income the person received **within the last 60 days**. If the employee has not received his/her first paycheck, please provide an estimate of his/her gross pay for the pay period.

Date Pay Period Ended	Actual Hours	Gross Pay (prior to deductions)	Other Pay (e.g., tips, overtime, commission)

I understand that if I deliberately omit or give false information that this applicant and/or member of applicant's household can be removed from WIC, criminally prosecuted, or both. The above information may be verified by WIC officials.

Signature of person completing employer section of this form Title Date

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