



EMPLOYER WAGE VERIFICATION



Name of NC Pre-K Child: _____

I, _____ authorize and hold harmless of any legal and financial liability my employer, to release the requested information to Smart Start Rowan. I understand that this information may be verified by phone fax or e-mail.

Employee Signature

Date

THIS SECTION TO BE COMPLETED BY EMPLOYER ONLY!

Employee Name:		Date of Hire:	
Position/Title:			
Company Name:			
Address:			
Phone #:		Fax #:	
Email:			

Amount per pay period:			
Frequency of pay: (select below)			
<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-weekly (every 2 wks)	<input type="checkbox"/> Semi-monthly (twice monthly)	<input type="checkbox"/> Monthly
Form of Payment: (select below)			
<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Other

I attest that the information provided above is true and accurate and will be used for determining eligibility for the NC Pre-K program.

Employer Signature

Date

FOR OFFICE USE ONLY

Verified By: _____ Date Verified: _____