



EMPLOYER WAGE VERIFICATION

Name of NC Pre-K Child: _____

The information below, to be completed by EMPLOYER ONLY!

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

Amount per pay period:			
Frequency of pay: (select below)			
Weekly	Bi-weekly (every 2 wks)	Semi-monthly (twice monthly)	Monthly
Form of Payment: (select below)			
Cash	Check	Direct Deposit	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**

Printed Name **Title**

FOR OFFICE USE ONLY

Employer Contact Person: _____ Verified On: _____
Date/Time

Verified By: _____