TEXAS HEALTH AND HUMAN SERVICES COMMISSION
P O BOX 149027
AUSTIN, TEXAS 78714-9027

**Date**:

**Case number**:

TEXAS
Health and Human Services Commission

**Need help?** Call 2-1-1 or 1-877-541-7905

**Fax:** 1-877-447-2839

**Mail:** TEXAS HEALTH AND HUMAN SERVICES COMMISSION
P O BOX 149027
AUSTIN, TEXAS 78714-9027

If you are deaf, hard of hearing, or speech impaired, call 7-1-1 or 1-800-735-2989.

**All numbers are free to call.**

## Note to :

This form is for your employer. They need to fill out the form and return it by . You must agree to let them give facts about you.

**Fill out and sign this agreement:**

I, (print your name) allow HHSC to give my Social Security number (SSN) to the employer listed on this form.

My SSN can be used to get facts about my employment. I also allow the employer listed on this form to give facts asked on this form to HHSC.

_____ _____

**Sign here** **Date**

## Employer -- your help is needed:

We need proof that the following person is or was your employee.

| **Employee or former employee** | **Social Security number** |
|---|---|
| | |

**Some employers might get tax refunds or tax credits for hiring people who get certain state benefits.**
To learn more, go to TexasWorkforce.org/wotc or email the Texas Workforce Commission at wotc@twc.state.tx.us.

**Employer -- please follow these steps:**
This person lives in a home in which someone is applying for state benefits. We need to know the amount of money this person makes or made from this job.

1. Please fill out the “Proof of Employment” form on the next page.
2. If a question doesn't apply, mark it with "N/A."
3. Return the form by
   To send this back to us, you can either: (a) give it to the employee listed above,
   (b) mail it in the pre-paid envelope, or (c) fax it to 1-877-447-2839.

# Proof of Employment

To be filled out by the employer

**Texas Health and Human Services Commission**

Case number :

1. Company or employer name: _____
2. Company or employer address - street, city, state, ZIP: _____
3. Employee name (as shown on your records): _____
4. Employee address (as shown on your records) - street, city, state, ZIP: _____
5. Is or was this person your employee? ☐ Yes ☐ No

**If no:** Stop here - sign and date the bottom of this form and return it.
**If yes:** Answer all the questions below. If a question doesn't apply, write "N/A."

6. Date hired: _____ 7. Date of first check: _____
8. What type of job does or did this person have? _____
9. This job is or was (mark all that apply): ☐ Full Time ☐ Part time ☐ Permanent ☐ Temporary
10. Average hours per pay period: _____
11. Rate of pay: $_____ per: ☐ Hour ☐ Day ☐ Week ☐ Month ☐ Job
12. How often paid: ☐ Daily ☐ Once a week ☐ Every 2 weeks ☐ Twice a month ☐ Once a month ☐ Other: _____
13. Does or did this person get overtime pay? ☐ Yes - often ☐ Yes - rarely ☐ No - never
14. FICA or FIT withheld? ☐ Yes ☐ No
15. Is or was this person on leave without pay? ☐ Yes ☐ No

**If yes:** Start date of leave: _____ End date of leave: _____

16. Does this person have a profit sharing or pension plan? ☐ Yes ☐ No

**If yes:** What is the current value? $ _____

17. Does your company offer health insurance? ☐ Yes ☐ No

**If yes:** This person is: ☐ Not enrolled ☐ Enrolled with family members ☐ Enrolled for self only

**If yes:** Name of insurance company: _____

18. Do you expect any changes to the facts above within the next few months? ☐ Yes ☐ No

**If yes:** Explain what will change: _____

19. On this chart, list all money this person got from jobs or training (Need more room? Add pages with the same facts):

| **Date pay period ended** | **Date received** | **Actual hours** | **Gross pay amount** (before taxes taken out) | **Other pay**(include tips, commissions and bonuses) | **EITC Advance amount** | **Total Pretax Contributions** |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

20. If you entered an amount in the "Other pay" column on the chart, tell us **when** and **how often** this person gets this other pay:

21. Does this person still work for you? ☐ Yes ☐ No

**If no:** Date separated: _____ Reason for separation: _____

Date of last check sent: _____ Gross amount of last check sent: $ _____

**Employer - read, sign, and date:**
**I confirm that this information is true and correct to the best of my knowledge:**

Employer -sign here | Date | Title | Phone number