State of Illinois
Department of Human Services - Bureau of Child Care and Development

WAGE VERIFICATION

I hereby authorize my employer to release the following information to the Illinois Department of Human Services. I understand that this information may be verified by phone. Any fraudulent, false or misleading information given may result in loss of childcare payments and my child care case may be cancelled or denied.

Client Signature

Client Case Number

Date

JOB INFORMATION: TO BE COMPLETED BY YOUR EMPLOYER ONLY.

Employee Name: ____________________________ Start Date: ____________________________

Rate of Hourly Pay: ____________________________ Commission: ____________________________ Tips: ____________________________ (Monthly Average)


Is the employee paid cash?  □ Yes  □ No  Employee Job Title: ____________________________

If on leave: Return Date: ____________________________ Type of Leave: ____________________________

WORK SCHEDULE: If your schedule varies, provide an example of your schedule.

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Do these hours vary? ____________________________ If yes, please explain: ____________________________

Employer / Company Name: ____________________________

Employer Address: ____________________________ City: ____________________________

Employer Phone Number: ____________________________

Employer Name Printed ____________________________ Title ____________________________

Employer Signature ____________________________ Date ____________________________

PLEASE RETURN FORM TO:
Child Care Resource Service
905 S. Goodwin Ave
314 Bevier Hall
Urbana, IL 61801

THIS FORM MUST BE COMPLETED BY YOUR EMPLOYER AND RETURNED TO THE ADDRESS AT THE RIGHT WITHIN 10 BUSINESS DAYS.

IL444-3514 (N-1-11)