HHSC – MIDLAND P.O. BOX 14900 MIDLAND TX 79714-4900

Date: mm/dd/yyyy

Case number:



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

Fax: 1-877-447-2839

Mail: HHSC, PO Box 14XXX,

Midland, TX XXXXX-XXXX

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 <Client Name>:

employment. Talso allow the employer listed	
• • • • • • • • • • • • • • • • • • • •	on this form to give facts asked on this form to HHSC.
, 4 ,	allow HHSC to give my ar listed on this form. My SSN can be used to get facts about my
give facts about you. Fill out and sign this agr I, (print your name)	allow HHSC to give my

Employer -- your help is needed:

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

E	mployee or former employee	Social Security number
<1	Name of client>	<ssn client="" of=""></ssn>

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 **<XX/XX/XXXX>**.

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 EmploymentTo be filled out by the employer.

Texas Health and Human Services Commission

Case number: <client 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?
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:
12. How often paid:
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? \(\begin{aligned} \text{Yes} & \begin{aligned} \text{No} \\ \end{aligned} \end{aligned}
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 Date Actual Gross pay amount Other pay (include tips, EITC Advance
period ended received hours (before taxes taken out) commissions, and bonuses) amount
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

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