

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



**Date:**

**Case number:**

**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**

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**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](http://TexasWorkforce.org/wotc) or email the Texas Workforce Commission at [wotc@twc.state.tx.us](mailto: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

## Texas Health and Human Services Commission

To be filled out by the employer

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

H1028

03/2021

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