

Appendix F: Wage Verification Form

POWER Payments Family Provider Wage Verification Form

Facility Name: _____ Provider Number (FR): _____

Owner Name: _____ Owner's Contact Number: _____

How are you paid? (EX: cash, check, cash app, etc.) _____

Number of children served: _____ Hours of operation: _____

Please complete the following for 3 consecutive pay periods.

Pay Period Start Date	Pay Period End Date	Date Pay Received	# Of Hours Worked	Tuition Rate	Gross Earnings	Year to Date Earnings

If you have employees, please complete the information below for each employee. Use additional forms if necessary.

Employee Name: _____

Employee Hired Date: _____ Method of Payment: _____

Pay Frequency (EX: weekly, monthly): _____ Salaried Employee: Y / N

Hourly Rate: _____ Hours Worked per Pay Period: _____

Position (Role): _____

Please provide the information for 3 consecutive pay periods.

Pay Period Start Date	Pay Period End Date	Date Pay Received	# Of Hours Worked	Gross Earnings	Year to Date Earnings