



SAMPSON COUNTY PARTNERSHIP FOR CHILDREN
 211 W. MAIN STREET, CLINTON NC
 PH: (910) 592-9399
 FAX: (910) 592-9304

WAGE VERIFICATION FORM/ VERIFICACION DE SALARIOS

In order to determine your eligibility for the Sampson County Partnership for Children (SCPFC) Scholarship for child care assistance or the NC Pre-Kindergarten program, it is necessary for you to provide proof of your income. *Please have **your employer** complete this form and return it to SCPFC. Con el fin de determinar su elegibilidad es necesario para que pueda proporcionar pruebas de sus ingresos. **Por favor, haga que su empleador le complete este formulario y devuélvalo a SCPFC.***

Applicant Name/ Solicitante: _____

Employer Name/ Empleador: _____ **Phone/Telefono:** _____

Hire Date/Fecha de contratacion: _____ **Rate of Pay/Sueldo:** _____

Average Number Hours Worked per Week/Promedio horas trabajadas por semana: _____

Please complete/ Por favor complete: *(Use the last 2 months pay periods/utilice los 2 ultimos meses de pago)*

WEEKLY/ semanal=(8) STUBS/talons BIWEEKLY/quincenal=(4) STUBS/talons MONTHLY/Mensual=(2) STUBS/talones

Date Pay Received **Gross Pay (before deductions)** **Hours Worked (per pay period)**

Fecha de Pago	Pago Bruto	Horas Trabajadas
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employer's Printed Name/ Nombre impreso del empleador: _____

Employer's Signature/Firma del empleador: _____ **Date/Fecha:** _____

Applicant's Signature: _____