

VIRGINIA WIC PROGRAM
Employer Earnings Verification Form

The Virginia WIC Program needs to verify the income of the person listed below to determine eligibility for the Program. Please provide the requested information and either return this form to the employee or fax it to:

WIC Site Name: _____

WIC Site Fax #: _____ WIC Site Phone #: _____

I allow my employer to provide information regarding my income to this WIC Office.

Employee Name: _____

Employee Signature: _____

Date: _____

Employer: Please fill out all information below this line

Please answer the following questions regarding current employment:

1. Wages/Salary: \$ _____ per Hour _____ Week _____ Month _____ Year

2. How often does the employee get paid?

_____ Weekly _____ Bi-weekly _____ Semi-monthly _____ Monthly

3. How many hours does the employee usually work per week: _____

4. Please fill out the following chart with the employee's gross pay for the past month (30 days):

Date Paid	Number of Hours Worked in Pay Period	Gross Pay

Name of person filling out this form: _____ Title: _____

Signature of employer filling out this form: _____ Date: _____

Name of Company: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

This institution is an equal opportunity employer