



**DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF CHILDREN'S WELLNESS
BUREAU OF CHILD CARE SERVICES (BCCS)
Child Care Assistance Program**



EMPLOYEE EARNINGS STATEMENT FORM

This form is to be completed by the employer of the applicant for the child care assistance program. This form is an authorization to release the information concerning the verification of an employee's earnings in order to establish eligibility for child care assistance with the Bureau of Child Care Services (BCCS). Any fraudulent, false, or misleading information provided may result in criminal charges and hinder the eligibility determination.

BUSINESS NAME				BUSINESS ADDRESS				EARNINGS STATEMENT		
EMPLOYEE NAME				PAY SCHEDULE		PAY PERIOD				
				<input type="checkbox"/> W <input type="checkbox"/> BW <input type="checkbox"/> SM <input type="checkbox"/> M						
GROSS PAY				HOURS		DEDUCTIONS				
DESCRIPTION	RATE	CURRENT	Y-T-D	CURRENT	Y-T-D	DESCRIPTION	CURRENT	Y-T--D		
TOTAL						TOTAL				
TAXES				NET PAY		AUTHORIZATION				
DESCRIPTION	CURRENT	Y-T-D	ACCOUNT	AMOUNT		I certify that the information provided is true and correct. The Bureau of Child Care Services may need to verify this information by contacting the employer directly. Earnings Statement Prepared by:				
										Employer Signature & Date
TOTAL						Employee Signature & Date				

BUSINESS NAME				BUSINESS ADDRESS				EARNINGS STATEMENT		
EMPLOYEE NAME				PAY SCHEDULE		PAY PERIOD				
				<input type="checkbox"/> W <input type="checkbox"/> BW <input type="checkbox"/> SM <input type="checkbox"/> M						
GROSS PAY				HOURS		DEDUCTIONS				
DESCRIPTION	RATE	CURRENT	Y-T-D	CURRENT	Y-T-D	DESCRIPTION	CURRENT	Y-T--D		
TOTAL						TOTAL				
TAXES				NET PAY		AUTHORIZATION				
DESCRIPTION	CURRENT	Y-T-D	ACCOUNT	AMOUNT		I certify that the information provided is true and correct. The Bureau of Child Care Services may need to verify this information by contacting the employer directly. Earnings Statement Prepared by:				
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TOTAL						Employee Signature & Date				