



Wilson County NC Pre-K Program 2023-2024
WAGE VERIFICATION FORM



(COMPLETE IF PAID WITH CASH/Personal Check – ONLY)

Child's Name: _____

To: Shalonda Holley NC Pre-K Coordinator
109 Park Avenue West Wilson, NC 27893

This Form Must Be Completed By The Employer

Employee Name: _____

This person has applied for the North Carolina Pre-Kindergarten program. By signing this you are given Wilson County Partnership for Children permission to contact you to verify wage verification information.

Please verify employment information for _____.

Please Answer All The Following Questions Below

1. Is this person currently employed by you or your company? Yes No

2. Please complete the following information for the months of: _____
(Please List Months)

Date Pay Received Month & Day	Number of Hours Worked	Rate of Pay Per Hour	Gross Pay

3. How often is the pay received? Daily Weekly Every Two Weeks Twice a month
 Monthly Other

4. Does this individual have health insurance coverage? Yes No If yes, complete the following information:

Insurance company name: _____

Group number: _____, and effective date of coverage _____

Persons included in coverage: _____

5. _____

_____	_____	
Company Name	Name & Title of Person Completing Form	
_____	_____	
Company Address	Telephone Number	
_____	_____	
City	State	Zip Code
_____	_____	_____
Signature of Person Completing Form	Date	

Thank you for your assistance in this matter. If you have any questions regarding this form, please contact Shalonda Holley, at 252-206-4235 extension 115, or Shalonda.holley@wilsonpfc.org