



Wilson County NC Pre-K Program 2024-2025  
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 & Year	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 email [Shalonda.holley@wilsonpfc.org](mailto:Shalonda.holley@wilsonpfc.org)**