



Jeannette Watson Wage Supplement Director Verification

To Be Completed by Director

Applicant will upload to miscellaneous section on TECPDS.

- 1. Applicant Name: _____
- 2. Number of Hours Worked by Applicant (Per Week): _____
- 3. Date of Hire: _____ 4. Current Hourly Rate/Wage _____
- 5. Has applicant worked in-person (not remotely) in a childcare program that was open and serving children in-person (not virtually) for a minimum of 12 months since April 1, 2020? 12-month requirement can be non-consecutive. Yes No
- 6. Name of Program: _____
(If you work at Head Start or multi-site childcare program, be specific as to which site)
- 7. Program Address: _____

Street	Apt/Suite
City	State
County	Zip Code
- 8. Program Status (Check One): For Profit Non-Profit
- 9. Program Phone Number: (____) _____
- 10. Program Email Address: _____
- 11. Program Permit Number: _____
- 12. Total Number of Children Enrolled: _____ 13. Number of CCS Children Enrolled: _____
- 14. Quality Rating (check all that apply): TRS star level _____ NAC NAEYC

I am authorized to provide employment verification; the information provided on this form is true and accurate to the best of my knowledge. (applicant cannot sign their own form)

Printed Name of Authorized Personnel

Position/Title

Signature of Authorized Personnel

Date