



# 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 at current center since October 1, 2023?  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