



# 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 at current center since September 1, 2024?  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  
\_\_\_\_\_  
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  Other \_\_\_\_\_

*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