

TOTAL

BUSINESS NAME

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DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIVISION OF CHILDREN'S WELLNESS BUREAU OF CHILD CARE SERVICES (BCCS) Child Care Assistance Program



EARNINGS STATEMENT

EMPLOYEE EARNINGS STATEMENT FORM

This form is to be completed by the employer of the applicant for the child care assistance program. This form is an authorization to release the information concerning the verification of an employee's earnings in order to establish eligibility for child care assistance with the Bureau of Child Care Services (BCCS). Any fraudulent, false, or misleading information provided may result in criminal charges and hinder the eligibility determination.

BUSINESS ADDRESS

Employer Signature & Date

Employee Signature & Date

| EMPLOYEE NAME | | | | PA | SCHEDULE | PAY PERIOD | | PAYDAIE | |
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| GROSSPAY | | | | ı | HOURS | DEDUCTIONS | | | |
| DESCRIPTION | RATE | CURRENT | Y-T-D | CURRENT | Y-T-D | DESCRIPTION | CURRENT | Y-TD | |
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| DESCRIPTION | | | ACCOUNT | ACCOUNT AMOUNT I certify that the information provided is true and correct. The Bureau or | | of Child Care | | | |
| | | | | | 1 | Services may need to verify thi | is information | by contacting the employ | yer directly. |
| | | | | | | Earnings Statement Prepared | by: | | |
| | | | | | | Employer Signature & Date | ĺ | | |
| TOTAL | | | | | | Employee Signature & Date | | | |
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| TOTAL | GR (| OSS PAY CURRENT | | CURRENT | Y SCHEDULE BW SM M HOURS Y-T-D | PAY PERIOD DESCRIPTION TOTAL | CURRENT OUTHORIZ rovided is true | PAY DATE I O N S Y-TD ATION e and correct. The Bureau | of Child Care |