



Wilson County NC Pre-K Program 2026-2027



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

Please verify employment for (Employee's Name) _____

This person has applied for the North Carolina Pre-Kindergarten program. By signing this form, you are given Wilson County Partnership for Children permission to contact you to verify wage verification information.

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	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

_____ Telephone Number
Company Address

_____ Zip Code
City State

_____ Date
Signature of Person Completing Form

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 Shalonda.holley@wilsonpfc.org