TEXAS HEALTH AND HUMAN SERVICES COMMISSION P O BOX 149027 AUSTIN, TEXAS 78714-9027

Date: 07/05/2022

Case number: 1010401609



Need help? Call 2-1-1 or 1-877-541-7905

Fax: 1-877-447-2839

Mail: TEXAS HEALTH AND HUMAN SERVICES

COMMISSION P O BOX 149027 AUSTIN, TEXAS 78714-9027

If you are deaf, hard of hearing, or speech impaired, call 7-1-1 or 1-800-735-2989.

All numbers are free to call.

MR. ERIK M CEDILLO 3761 TINA DR EAGLE PASS TX 78852-5826

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This form is for your employer. They need to fill out the form and return it by	07/15/2022	. You must agree to let them give facts about you.
Fill out and sign this agreement:		

	allow HHSC to give my Social Security number (SSN) to the employer listed on this form. ment. I also allow the employer listed on this form to give facts asked on this form to HHSC.
Sign here	

Employer -- your help is needed:

We need proof that the following person is or was your employee.

Employee or former employee	Social Security number
Mr. Erik M Cedillo	

Some employers might get tax refunds or tax credits for hiring people who get certain state benefits.

To learn more, go to TexasWorkforce.org/wotc or email the Texas Workforce Commission at wotc@twc.state.tx.us.

Employer -- please follow these steps:

This person lives in a home in which someone is applying for state benefits. We need to know the amount of money this person makes or made from this job.

- 1. Please fill out the "Proof of Employment" form on the next page.
- 2. If a question doesn't apply, mark it with "N/A."
- 3. Return the form by 07/15/2022
 - To send this back to us, you can either: (a) give it to the employee listed above,
 - (b) mail it in the pre-paid envelope, or (c) fax it to 1-877-447-2839.





Proof of Employment

Texas Health and Human Services Commission

To be filled out by the employer Case number: 1010401609

Employee name (as shown on your records): Employee address (as shown on your records): If no: Stop here - sign and date the bottom of this form and return it. If yos: Answer all the questions below. If a question doesn't apply, write "N/A." Date hired: 7. Date of first check: What type of job does or did this person have? This job is or was (mark all that apply): Pull Time Part time Permanent Temporary Average hours per pay period: 1. Rate of pay: \$ per: Hour Day Week Month Job 2. How often paid: Daily Once a week Every 2 weeks Twice a month Once a month Other: 3. Does or did this person get overtime pay? Yes - often Yes - rarely No - never 4. FICA or FIT withheld? Yes No 5. Is or was this person on leave without pay? Yes No If yes: Stant date of leave: 6. Does this person have a profit sharing or pension plan? Yes No If yes: What is the current value? \$ 7. Does your company ofter health insurance? Yes No If yes: This person is: Not enrolled Enrolled with family members Enrolled for self only If yes: Same of insurance company: 18. Do you expect any changes to the facts above within the next few months? Yes No If yes: Explain what will change: 9. On this chart, list all money this person got from jobs or training (Need more room? Add pages with the same facts): Date pay Date pay Date Actual Gross pay amount Other pay(include tips, Commissions and bonuses) Actual Gross pay amount Contributions Of the pay(include tips, Commissions and bonuses) FIT CAdvance Actual Contributions	If no: Stop here - sign and date the bottom of this form and return it. If yes: Answer all the questions below. If a question doesn't apply, write "N/A." 6. Date hired: 7. Date of first check: 8. What type of job does or did this person have? 9. This job is or was (mark all that apply): Full Time Part time Permanent Temporary 10. Average hours per pay period:				
Employee name (as shown on your records): Employee address (as shown on your records): If no: Stop here - sign and date the bottom of this form and return it. If yes: Answer all the questions below. If a question doesn't apply, write "N/A." Date hired: 7. Date of first check: What type of job does or did this person have? This job is or was (mark all that apply): Full Time	3. Employee name (as shown on your records): 4. Employee address (as shown on your records) - street, city, state, ZIP: 5. Is or was this person your employee?				
Employee address (as shown on your records) - street, city, state, ZIP: Is or was this person your employee?	4. Employee address (as shown on your records) - street, city, state, ZIP: 5. Is or was this person your employee? No If no: Stop here - sign and date the bottom of this form and return it. If yes: Answer all the questions below. If a question doesn't apply, write "N/A." 6. Date hired: 7. Date of first check: 8. What type of job does or did this person have? Permanent Permanent Temporary 9. This job is or was (mark all that apply): Pull Time Part time Permanent Temporary				
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20. Average hours per pay period: Rate of pay: \$	10. Average hours per pay period:				
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Twice a month Once a month Other: Twice a month Once a month Other:					
3. Does or did this person get overtime pay?	12. How often paid: Daily Once a week Every 2 weeks				
4. FICA or FIT withheld?	Twice a month Once a month Other:				
So Is or was this person on leave without pay? Yes No If yes: Start date of leave:	13. Does or did this person get overtime pay? Yes - often Yes - rarely No - never				
5. Is or was this person on leave without pay?					
If yes: Start date of leave: End date of leave: 6. Does this person have a profit sharing or pension plan?					
6. Does this person have a profit sharing or pension plan? Yes No If yes: What is the current value? \$ 7. Does your company offer health insurance? Yes No If yes: This person is: Not enrolled Enrolled with family members Enrolled for self only If yes: Name of insurance company: 18. Do you expect any changes to the facts above within the next few months? Yes No If yes: Explain what will change: 9. On this chart, list all money this person got from jobs or training (Need more room? Add pages with the same facts): Date pay Date Actual Gross pay amount Other pay(include tips, commissions and bonuses) EITC Advance Total Pretax	15. Is of was this person of leave without pay?				
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7. Does your company offer health insurance? Yes No If yes: This person is: Not enrolled Enrolled with family members Enrolled for self only If yes: Name of insurance company: Not enrolled Enrolled with family members Enrolled for self only If yes: Name of insurance company: Not enrolled Enrolled with family members Enrolled for self only If yes: Explain what will change: 9. On this chart, list all money this person got from jobs or training (Need more room? Add pages with the same facts): Date pay	16. Does this person have a profit sharing or pension plan? Yes No				
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If yes: Explain what will change: 9. On this chart, list all money this person got from jobs or training (Need more room? Add pages with the same facts): Date pay period ended received hours (before taxes taken out) Other pay(include tips, commissions and bonuses) EITC Advance amount Contributions Total Pretax Contributions Other pay(include tips, commissions and bonuses) If you entered an amount in the "Other pay" column on the chart, tell us when and how often this person gets this other pay: 1. Does this person still work for you? Yes No pate separated: Reason for separation:					
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1. Does this person still work for you? Yes No If no: Date separated: Reason for separation:					
1. Does this person still work for you? Yes No If no: Date separated: Reason for separation:	20. If you entered an amount in the "Other pay" column on the chart, tell us when and how often this person gets this other pay:				
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If no: Date separated: Reason for separation:	21. Does this person still work for you? Yes No				
Date of last check sent: Gross amount of last check sent: \$	If no: Date separated: Reason for separation:	_			
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mployer - read, sign, and date:	Date of last check sent: Gross amount of last check sent: \$				

Employer -sign here

Date

Phone number

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Title