



Department of Human Services/ Division of Child Care and Early Childhood Education

**Verification of Earnings
For New Employment**

TO EMPLOYER:

To determine eligibility and correct benefits for your employee we need the information requested below. **This will enable us to ensure that the public funds are used only for the actual and correct benefits to which a household is entitled.** PLEASE COMPLETE THE ITEMS CIRCLED AS WELL AS THE SIGNATURE SECTION AT THE BOTTOM OF THIS FORM.

If you need this material in a different format such as large print, contact your local DHS county office.

Program Eligibility Specialist _____

Telephone Number _____

TDD# _____

Employee _____ Applicant _____

SSN of Employee _____ Case Number _____

1. The above employee began work _____ and earns \$ _____ per hour. He/she works an average of (Insert number of hours) _____
- Hours Week
 - Hours Bi-Weekly
 - Hours Twice a month
 - Hours Monthly
 - Hours Annually
 - Hours Other (Please indicate how often) _____

Date first pay to be received (insert start date) _____ anticipated gross amount of 1st pay \$ _____

2. Please show GROSS EARNINGS (before any deductions) PAID TO this employee as indicated. Please list each pay check separately **including vacation pay and bonuses.**

Pay Period Beginning	Pay Period Ending	Date Received	Hours Worked	Gross Wages	Tips	Housing/Utilities Paid above wages

3. **Earnings:** Are any of the earnings funded by JTPA - On The Job Training Program? Yes or No

4. **Termination:** If employee no longer is employed by you, what was the last date of employment? _____

Date last check will be received _____ and gross amount _____

5. Additional Information/Expected Changes: (such as layoffs, raises, increased or reduced hours, vacation pay, bonuses, and sick pay). _____

I do hereby certify that the above information is factual and correct to the best of my knowledge.

Employer/Payroll Clerk Signature _____ Date _____

Place of Business _____ Address _____

Telephone # _____