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| **WISCONSIN DEPARTMENT OF HEALTH SERVICES**Division of Medicaid ServicesF-01359 (02/2022)**HVFE** |  |
| Historical Earnings verification request |
| **EMPLOYER INSTRUCTIONS:** You are required by law to complete and return this form by      . Review the employee and employer information. If it is incorrect or missing, write the correct information on the form (if known). Once complete, **sign the form in Section 3**.This form will be scanned so write clearly using blue or black ink.**Submission Options:** You can return the completed form via fax or mail to the number or address listed below. Make sure you let the employee know you are returning the form to us. |
| **EMPLOYER INFORMATION** | **EMPLOYEE INFORMATION** | **AGENCY ADDRESS/FAX** |
| Employer Name: |       | Employee Name: |       |       |
| Federal Employer Identification Number (FEIN) |       | Case Number: |       |       |
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| section 1 | Employment Status InformationComplete all requested information below | See the source image |
| Include the date of the employee’s first and last paycheck (if applicable), pay frequency, employee status, and pre-tax deductions. If the employee never worked for your company, check “Never Employed,” **sign Section 3,** and return this form. |
| Dates of Employment (start and end) | [ ]  No Longer Employed[ ]  Never Employed |
|       |
| Date of First Paycheck | Date of Final Paycheck |
|       |       |
| Employee Status |
| [ ]  Full-time [ ]  Part-time [ ]  Temporary [ ]  On Call [ ]  Seasonal |
| Pay Frequency |
| [ ]  Paid Weekly [ ]  Paid every Two Weeks [ ]  Paid Twice a Month [ ]  Paid Monthly [ ]  Paid Irregularly |
| Pre-Tax Deductions |
| [ ]  Health/Dental Premiums [ ]  Life Insurance Premium [ ]  Flexible Spending Accounts [ ]  Other |
| section 2 | Employment Wage Information |  https://cdn4.iconfinder.com/data/icons/font-awesome-2/2048/f0f6-128.png |
| Provide the gross earnings (before deductions) for the employee. Complete the wage information for each month identified. Provide the pay date, number of hours worked, rate of pay per hour for each pay type, and include any wages from tips, bonuses and/or commissions. **Printouts or paystubs can be submitted in lieu of this form. Include all of the requested information on the printouts.** |

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| **Month:**       | **Year:**       | **Total Monthly Pre-Tax Deductions: $**      |
| Pay Date | Number of Hours Worked | Rate of Pay Per Hour | Tips, Bonuses, Commissions | Vacation, Sick or Other Pay | **Gross Amount** |
| Regular | Overtime | Shift Differential | Regular | Overtime | Shift Differential |
|       |       |       |       |       |       |       |       |       |       |
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| **Month:**       | **Year:**       | **Total Monthly Pre-Tax Deductions: $**      |
| Pay Date | Number of Hours Worked | Rate of Pay Per Hour | Tips, Bonuses, Commissions | Vacation, Sick or Other Pay | **Gross Amount** |
| Regular | Overtime | Shift Differential | Regular | Overtime | Shift Differential |
|       |       |       |       |       |       |       |       |       |       |
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| **Month:**       | **Year:**       | **Total Monthly Pre-Tax Deductions: $**      |
| Pay Date  | Number of Hours Worked | Rate of Pay Per Hour | Tips, Bonuses, Commissions | Vacation, Sick or Other Pay | **Gross Amount** |
| Regular | Overtime | Shift Differential | Regular | Overtime | Shift Differential |
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| Gross Earnings Received in the Months Indicated Below(Use if additional months are required or provide printouts) |  |

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| **Month:**       | **Year:**       | **Total Monthly Pre-Tax Deductions: $**      |
| Pay Date | Number of Hours Worked | Rate of Pay Per Hour | Tips, Bonuses, Commissions | Vacation, Sick or Other Pay | **Gross Amount** |
| Regular | Overtime | Shift Differential | Regular | Overtime | Shift Differential |
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| Pay Date | Number of Hours Worked | Rate of Pay Per Hour | Tips, Bonuses, Commissions | Vacation, Sick or Other Pay | **Gross Amount** |
| Regular | Overtime | Shift Differential | Regular | Overtime | Shift Differential |
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| Pay Date  | Number of Hours Worked | Rate of Pay Per Hour | Tips, Bonuses, Commissions | Vacation, Sick or Other Pay | **Gross Amount** |
| Regular | Overtime | Shift Differential | Regular | Overtime | Shift Differential |
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| Gross Earnings Received in the Months Indicated Below(Use if additional months are required or provide printouts) |  |

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| **Month:**       | **Year:**       | **Total Monthly Pre-Tax Deductions: $**      |
| Pay Date | Number of Hours Worked | Rate of Pay Per Hour | Tips, Bonuses, Commissions | Vacation, Sick or Other Pay | **Gross Amount** |
| Regular | Overtime | Shift Differential | Regular | Overtime | Shift Differential |
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| Pay Date | Number of Hours Worked | Rate of Pay Per Hour | Tips, Bonuses, Commissions | Vacation, Sick or Other Pay | **Gross Amount** |
| Regular | Overtime | Shift Differential | Regular | Overtime | Shift Differential |
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| **Month:**       | **Year:**       | **Total Monthly Pre-Tax Deductions: $**      |
| Pay Date  | Number of Hours Worked | Rate of Pay Per Hour | Tips, Bonuses, Commissions | Vacation, Sick or Other Pay | **Gross Amount** |
| Regular | Overtime | Shift Differential | Regular | Overtime | Shift Differential |
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| section 3 | Signature and Date |  |
| This form **must be completed, signed, and dated** by the employer or designee. Provide the title and phone number of the person completing the form. |
|  | **SIGNATURE** | Date Signed |
|  |  |
| Print Name-First, Last ,and Middle Initial      | Phone Number |
|       |
| Title | Fax Number (if available) |
|       |       |