|  |
| --- |
| EMPLOYMENT VERIFICATION of earnings: proof of employment |
| Date: | Primary Person Name: |
|       |       |
| Employer Name: | Case Number: |
|       |       |
| Employer Address: | Worker Name: |
|       |       |
| Employer Address: | Worker ID: |
|       |       |
| Employer Address: | Worker Telephone: |
|       |       |

We got information that       is employed at      . If this information is wrong, contact your local agency by the due date listed below.

We have asked you to provide proof of this job and wages. To provide proof, you must give us one of the items listed here:

* Pay stubs from the last 30 days;
* Wage printout that gives the same details as your pay stubs;
* An employer statement that gives the same details as your pay stubs; OR,
* The enclosed form completed by your employer

If you choose to use the enclosed form instead of submitting your paystubs, please take the form to your employer to fill out and sign. Once the form is completed, return the form to your agency at the address listed above. This form **cannot** be accepted if you fill it out yourself.

You are responsible for returning proof of employment and wages to your agency by the due date listed below.

**IMPORTANT NOTE:** If you do not provide the required proof by the due date, your benefits will stop or your application will be denied. If you have problems getting your employer to complete and/or return the form, or if your employer asks you to pay a fee to complete the form, contact your agency.

The following programs that you are receiving or have applied for require this information:

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| --- | --- |
| Program: | Due Date: |
|       |       |
| Program: | Due Date: |
|       |       |
| Program: | Due Date: |
|       |       |
| Program: | Due Date: |
|       |       |