

STATE OF NEVADA
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 DIVISION OF WELFARE AND SUPPORTIVE SERVICES
ENERGY ASSISTANCE PROGRAM
 2527 N. Carson Street Suite # 260
 Carson City, NV 89706

<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> ┌ ┐ </div> <div style="display: flex; justify-content: space-between;"> └ ┘ </div> </div>	Date: _____ Case Name: _____ SSN: _____ Case Manager Signature: _____ AUTHORIZATION: I authorize you to release to the Division of Welfare and Supportive Services the requested information. <hr/> <div style="display: flex; justify-content: space-between;"> Client Signature Date </div>
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ATTENTION: Payroll Department

EARNINGS VERIFICATION

Please provide the information for each of the items checked below and return to the above address. Your cooperation will help insure integrity and maintain accountability in the administration of public funds in Nevada. The information provided us will be used only in conjunction with the official duties of this department and will be considered confidential.

If our identifying information (name, Social Security number or address) does not agree with your records, please indicate the change.

RE: _____
Name Social Security Number

Employee's Address: _____

- 1. Date started to work: _____ Number of hours employee is scheduled to work per week: _____
- 2. If this person is NOT working for you at this time, complete the following information:

	DATE		DATE
Fired	_____	Leave of absence	_____
Quit	_____	Applied for workers compensation	_____

Reason for leaving: _____

Expected date of return: _____ Date of final check: _____ Gross amount: \$ _____
- 3. Hourly wage paid \$ _____
- 4. Average hours worked per week: _____
- 5. Date of first paycheck: _____
- 6. How often is/was paycheck issued: weekly bi-weekly semi-monthly monthly
 What are regular paydays? _____
- 7. Will "tips" be received? YES NO Estimated amount \$ _____ per _____
- 8. Please list below all monies (earnings, sick pay, vacation pay, disability, etc.) PAID or ANTICIPATED TO BE PAID (regardless of when earned) to client IN THE MONTH(S) OF: _____

PAY PERIOD ENDING	HOURS WORKED PER PAY PERIOD	ACTUAL DATES PAID	GROSS WAGES PAID <small>(Include special allowances such as meals, uniforms, etc., and show a break-out of such amounts)</small>	FICA	FITW

- 9. Do you expect any change in number of hours, rate of pay or paydays next month? YES NO

Signature of Employer
Title
Telephone Number
Date