

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE SERVICES

ENERGY ASSISTANCE PROGRAM

3330 East Flamingo Road Suite # 55

Las Vegas, Nevada 89121-4397

| | |
|--|---|
| | Date: _____ Case Name: _____ SSN: _____ Case Manager Signature: _____ |
|--|---|

AUTHORIZATION: I authorize you to release to the Division of Welfare and Supportive Services the requested information.

Client Signature Date

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 |
|-------------------|-----------------------------|-------------------|---|------|------|
| | | | | | |
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| | | | | | |

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