

**Department of Human Services  
Multi- Purpose Earnings Verification Form**

Employer: \_\_\_\_\_

Employee: \_\_\_\_\_

Address: \_\_\_\_\_

Employee's Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

EIN: \_\_\_\_\_

Please complete Section I and have your employer complete Section II. This is a very important form because your benefits depend on returning this form within ten (10) days.

**Section I: To be completed by customer**

I, \_\_\_\_\_, authorize \_\_\_\_\_ to

(name of customer) (name of employer)

release information to the \_\_\_\_\_ Department of Social Services

(local office name)

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Section II: To be completed by employer** (please provide the following information for the above employee).  
Thank you for your prompt attention and cooperation in the matter.

**A: New, temporary or permanent employee (if employee is still being paid)**

First day of employment: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date first pay received \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Gross pay of first check: \$ \_\_\_\_\_ Rate of pay \$ \_\_\_\_\_ per \_\_\_\_\_  
 Usual number of hours per week: \_\_\_\_\_ Frequency of pay: \_\_\_\_\_  
 Day of week pay received: \_\_\_\_\_ Health insurance premium: \$ \_\_\_\_\_  
 Health insurance frequency: \_\_\_\_\_ 401 (K) contribution: \$ \_\_\_\_\_ per \_\_\_\_\_

**B. Terminated employee or employee on leave**

Last day worked: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date final pay received: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Final pay (gross): \$ \_\_\_\_\_ Total gross pay this month \$ \_\_\_\_\_  
 Leave or vacation pay due: no ( ) yes ( ) If yes, gross pay: \$ \_\_\_\_\_ Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Is employee on leave without pay: no ( ) yes ( )

**C: Wages or sick pay** (please supply the most current information)

Reason for termination: \_\_\_\_\_

Dates Pay Received	Number of Hours	Gross Pay	Tips/Commission only if additional to gross pay
____/____/____	_____	\$ _____	_____
____/____/____	_____	\$ _____	_____
____/____/____	_____	\$ _____	_____
____/____/____	_____	\$ _____	_____
____/____/____	_____	\$ _____	_____
____/____/____	_____	\$ _____	_____
____/____/____	_____	\$ _____	_____
____/____/____	_____	\$ _____	_____
____/____/____	_____	\$ _____	_____
____/____/____	_____	\$ _____	_____

Business name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Signature or employer/payroll clerk

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

( ) - \_\_\_\_\_  
Telephone Number