

<Employer Name>
<Employer Address>
<Employer Address>
<Employer Address>

State of Wisconsin

Date: <Today's Date>
Case Name: <Case Name>
Case Number: <Case Number>
Worker Name: <Worker Name>
Worker Number: <Worker Number>
Telephone: <Worker Telephone>

Questions: Ask your worker.

IMPORTANT REQUEST FOR EMPLOYMENT VERIFICATION

We have received information that <CLIENT'S NAME> is employed at <EMPLOYER'S NAME>.

Everyone who has a job must provide proof of the job and wages, even if they are no longer working at that job. If you think this information is wrong, contact your local agency by the due date below.

Following are examples of what you can use:

- The enclosed form,
- Your pay stubs from the last 30 days, or
- An employer statement that gives the same details as the enclosed form.

If you choose to use the enclosed form, take it to your employer and ask that s/he complete and sign this form. Once the form is completed and signed, return the form to your local agency at the address listed above.

You must return this form or one of the other types of proof listed above by the due date below. It is your responsibility to return this form or other proof of this job and wages to the local agency.

Program of Eligibility

<Program>
<Program>
<Program>
<Program>

Due Date

<Due Date>
<Due Date>
<Due Date>
<Due Date>

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 to you or your employer asks you to pay a fee to complete the form, please contact your local agency right away.

EMPLOYER VERIFICATION OF EARNINGS

MUST BE COMPLETED BY THE EMPLOYER (Instructions on the back)

Please return this form by: <Date to Return>
 to <Return Address - Page 1>

EMPLOYER INFORMATION

<Employer Name>
 <Employer Address>
 <City, State, Zip>
 <FEIN>
 <Fax>

EMPLOYEE INFORMATION

<Employee Name>
 <Employee Address>
 <Employee City, State, Zip>
 <Case/PIN>

SECTION 1 – EMPLOYMENT STATUS

Is the employee listed above currently employed by your company? Yes No If yes complete Section 2.
 If "No", Indicate employment end date ____ / ____ / ____
 Reason employment ended Never Employed Laid Off Quit Strike Fired Other
 Date of final paycheck: ____ / ____ / ____ Gross pay for final month: \$_____

SECTION 2 – EMPLOYMENT INFORMATION

Start date of employment ____ / ____ / ____ Date first paycheck received ____ / ____ / ____
 Employee Type Temporary Permanent Title Manager Other

Please provide an estimate of the following wage information for the next 30 days.

Type of Pay	Best Estimate of Hrs Worked Per Week	Rate of Pay Per Hour	Regular Scheduled Work Hours
Regular	_____	\$ _____	_____
Overtime	_____	\$ _____	
Other Shift Pay	_____	\$ _____	
Weekend /Shift Differential pay	_____	\$ _____	
Holiday Pay	_____	\$ _____	
Other	_____	\$ _____	
Gross Per Pay Period			
Salary if not paid hourly	\$ _____		
Bonus and/or Commissions	\$ _____		
Cash and/or Tips	\$ _____		
Frequency of pay	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Irregular		

SIGNATURE - Employer / Designee

 Date Signed

 Print Name

 Telephone Number

 Title

 Fax Number

COMMENTS

EMPLOYMENT VERIFICATION OF EARNINGS INSTRUCTIONS

We require employment and wage information concerning the employee named on the Employer Verification of Earnings form. Please complete and return the form to the employee as soon as possible so that s/he can return it by the date indicated.

- Review the Federal Employment Identification Number (FEIN) number listed on the form. If it is incorrect or missing please write correct number on the form, if known.
- This form will be scanned. Please write clearly using blue or black ink.
- Write additional comments in the comments section.

Although it is the employee's responsibility to return this form to the local agency, in order to expedite this process, you may return this form to the address or fax number listed. If you do, please inform the employee that you have returned this form.

SECTION 1 - EMPLOYMENT STATUS

If the employee never worked for your company, check the "Never Employed" box. Sign, date and return the form. If the employee listed on the form is no longer an employee of your company, check the "No" box. Write in the date the employment ended. Write in the date of the employee's last paycheck and gross amount (before any deductions) of pay for his/her final month.

SECTION 2 - EMPLOYMENT INFORMATION

If the employee listed on the form is employed by your company, check the "Yes" box and complete Section 2. Write in the date the employee started working for your company and the date of the employee's first check.

Employee Type – Check the temporary or permanent box if the employee is in a position that is defined as permanent by your company.

Employee Title – Check the Manager box if the employee is a manager. Check the Other box if the employee is not in a position of management as defined by your company.

Please provide your best estimate of gross wages (before any deductions) the employee will earn for the next 30 days.

Best estimate of Weekly Hours – Please provide the hours the employee is expected to work weekly.

Rate of Pay Per Hour - If the type of pay is regular, holiday, other shift, overtime, weekend or other type of pay, indicate the rate of pay the employee earns per hour.

Regular Scheduled Hours – Indicate the employee's regular scheduled hours and the days worked (i.e. 8:00 a.m. to 4:30 p.m. Monday, Tuesday, Wednesday and Saturday).

Gross Pay Per Pay Period - If the employee's type of pay is salary, bonus and commissions, cash and/or tips, write in the gross amount (before any deductions) the employee earns per pay period.

Frequency of Pay - Indicate how often the employee is paid.

Weekly	Each week
Bi-weekly	Every other week (i.e. every other Thursday)
Semi-monthly	Twice per month (i.e. the 1 st and the 15 th)
Monthly	Once each month
Irregular	On an irregular basis

Signature - This form must be completed, signed and dated by the employer or designee. Please provide the title of the person completing the form. Also, provide a telephone number and fax number if available.