VERIFICATION OF EMPLOYMENT/EARNINGS

COUNTY OF

Notice Date : _____
Case Name : _____
Case Number : _____
Worker Name : _____
Worker Number : _____
Telephone Number: _____
Address : _____
_____
_____

(Addressee)

RE: _____
(Employee Name)

DOB: _____

Last 4 of SSN:_____

Dear Employer:

It has come to our attention that the above referenced person was/is employed by you and/or your company. We wish to verify their gross earnings for each pay period from _____ (Date) to _____ (Date) in order to determine their eligibility for our program(s). We are requesting your assistance in providing us with a separate listing of each paycheck received by the above employee.

Please provide this office with the information checked below:

☐ Copies of the W-4 form and photo identification if you have one provided by the employee.

☐ Payroll records – copies or originals.

It may be necessary for you or the custodian of your business records to be subpoenaed into court or for an administrative hearing (Evidence Code 1562). Pursuant to CDSS Manual of Policies & Procedures Section 20-006.543:

☐ A signed release is included with this request.

☐ A signed release is not required as the above referenced person has been informed of the need for the information and the county's right to obtain it from the employer.

Please submit the information as soon as possible. A return envelope has been enclosed for your convenience. **Your cooperation in this matter is of the utmost importance and highly appreciated.**