## REQUEST FOR EMPLOYMENT/EARNINGS INFORMATION

СО	RECORD	DIST		CASE LOAD			
	CAO DISC	D		ATE OF NOTICE			
WORKER NAME							
TELEPHONE NUMBER		ER	FAX NUMBER				

PLEASE FAX OR RETURN TO ADDRESS SHOWN ON BACK OF THIS FORM



## **IMPORTANT**

62 PS 487 (B) REQUIRES, **UNDER PENALTY OF LAW,\*** THAT YOU COMPLETE THIS FORM UPON REQUEST AND RETURN IT **WITHIN 30 DAYS TO THE ADDRESS ON THE BACK OF THIS FORM.** EVERY EMPLOYER IS REQUIRED, WHEN REQUESTED IN WRITING FROM THE DEPARTMENT, TO DISCLOSE ANY MONEY IN SALARY, WAGES, COMPENSATION, AND THE AMOUNTS AND DATES OF SUCH SALARY. THE DEPARTMENT CERTIFIES THAT THE EMPLOYEE BELOW IS APPLYING FOR, RECEIVING OR DID RECEIVE PUBLIC ASSISTANCE, OR IS A LEGALLY RESPONSIBLE RELATIVE OF THE EMPLOYEE.

## \* A FINE NOT TO EXCEED \$1,000

SUBJECT OF INQUIRY										
EMPLOYEE'S NAME		SOCIAL SECURITY NUMBER								
COMMENT:		LAST KNOWN ADDRESS:								
EMPLOYER INFORMATION										
COMPLETE THE	COMPLETE THE INFORMATION REQUESTED BELOW AND ON THE BACK OF THIS FORM									
	IF THE PERSON IS OR WAS EVER IN YOUR EMPLOY (PLEASE PRINT OR TYPE).									
EMPLOYEE TELEPHONE NUMBER	ON IO OR WAS LVE	1111110011	`							
( )										
( )	YES NO									
INDIVIDUAL CURRENTLY EMPLOYED YES NO IF NO, REASON FOR TERMINATION			TERMINATION							
	THE THE TENTENT OF THE TOTAL OF THE TENTENT OF THE									
EMPLOYER MEDICAL INFORMATION										
MEDICAL INSURANCE COMPANY		MEDICAL IN	SURANCE COMPANY ADDRESS							
DATES OF COVERAGE	TYPE OF COVERAGE		POLICY/CONTRACT NUMBER	GROUP NAME/NUMBER						
FROM TO										

Please provide earnings information by DATE of PAY as indicated <u>ON REVERSE SIDE</u>

DATE OF PAY	GROSS AMOUNT	PRE-TAX DEDUCTIONS	DATE OF PAY	GROSS AMOUNT	PRE-TAX DEDUCTIONS
SE THIS SPACE FOR	R ADDITIONAL COMMENTS:				
EMPLOYER'S REPRI (PLEASE PR		TITLE	SIGNATURE	PHONE NUMBER	DATE

USE QUARTERLY OR YEARLY AMOUNTS. A COMPUTER PRINTOUT OF THE EARNINGS DATA MAY BE SUBSTITUTED IF IT CONTAINS ALL OF THE REQUESTED INFORMATION. ACTUAL DATES OF PAY MUST BE INCLUDED, NOT MERELY "PAY

TO PRESENT. PLEASE DO NOT

PROVIDE EARNINGS INFORMATION BY PAY PERIOD FROM

FIRST-CLASS MAIL PERMIT NO 9314 HARRISBURG PA POSTAGE WILL BE PAID BY ADDRESSEE