

**EMPLOYER VERIFICATION OF EARNINGS**

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

Please return this form by:  
 to \_\_\_\_\_

**EMPLOYER INFORMATION**

**EMPLOYEE INFORMATION**

**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	_____	\$ _____	
<b>Gross Per Pay Period</b>			
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		

**SECTION 3 – PRE-TAX DEDUCTION INFORMATION**

Type	How much is deducted?	How often?
Health insurance premiums	\$ _____	_____
Health care savings account	\$ _____	_____
Parking and transit cost	\$ _____	_____
Group life insurance premiums	\$ _____	_____
Retirement contributions	\$ _____	_____
Flex savings account for child care or other dependent care	\$ _____	_____

**SIGNATURE** - Employer / Designee \_\_\_\_\_ Date \_\_\_\_\_  
 Print Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Title \_\_\_\_\_ FAX \_\_\_\_\_

**Employer Comments**

\_\_\_\_\_

## **EMPLOYMENT VERIFICATION OF EARNINGS INSTRUCTIONS**

The Department of Children and Families, the Department of Health Services, a county child support agency or a county department under § 46.215, 46.22 or 46.23, a multicounty consortium, a Wisconsin Works (W-2) agency, or a tribal governing body may request from any person in this state information it determines appropriate and necessary for determining or verifying eligibility or benefits for a recipient under any income maintenance program, W-2, Child Support enforcement or Wisconsin Shares. Unless access to the information is prohibited or restricted by law, or unless the person has good cause, as determined by the departments in accordance with federal law and regulations, for refusing to cooperate, the person shall make a good faith effort to provide the information within 7 days after receiving a request under this paragraph.

We require employment and wage information concerning the employee named on this Employer Verification of Earnings form. 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) listed on the form. If it is incorrect or missing, write the correct number on the form, if known.
- This form will be scanned. 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, 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.