

Name: _____
Address: _____

RETURN TO:
P.O. Box 2104
Frankfort, KY 40602
FAX: (502) 573-2007

VERIFICATION OF EMPLOYMENT AND WAGES

Employer _____

Please provide the following information from your records for _____
(Employee Name) (SSN)

1. Employee Name and/or SSN (if different) _____
2. Is this person currently employed by you? ☐ Yes ☐ No
3. Date of most recent hiring _____ Date first paid _____
4. Hourly Pay Rate _____ Overtime Rate _____ Anticipated Hours per Week _____ Day of Week Paid _____ Shift Premium _____
5. Is the employee's share of taxes deducted from gross wages? ☐ Yes ☐ No
6. Is the employee's hourly Pay Rate scheduled to change? ☐ Yes ☐ No If yes, the Pay Rate will change to _____ beginning on _____ and will be reflected in the check the employee will receive on _____.
7. If the hours listed above have changed, give the normal work hours and date changed: Hrs. _____ Date _____
8. Did the employee voluntarily reduce work hours? ☐ Yes ☐ No If yes, reason _____.
9. Are wages paid ☐ weekly, ☐ every two weeks, ☐ twice a month, ☐ monthly, ☐ other _____?
10. Are wages paid through Title V, Older Americans Act ☐ Yes ☐ No WIA ☐ Yes ☐ No OR WIA on-the-job training ☐ Yes ☐ No?
11. List the wages that have been paid during the months of _____ through _____.

Date Received	Hours	Gross Wages	*Tips	Taxes Withheld	Date Received	Hours	Gross Wages	*Tips	Taxes Withheld
1.					6.				
2.					7.				
3.					8.				
4.					9.				
5.					10.				

***Report separately if not included in gross wages.**

12. Has this employee ever filed a Worker's Compensation Claim? ☐ Yes ☐ No Date _____
13. Is this employee participating in a company retirement plan? ☐ Yes ☐ No Type of Plan _____ Balance of Fund _____
Is there a penalty for early withdrawal? ☐ Yes ☐ No If yes, what is the amount of the penalty? _____

Termination Status: ☐ Fired ☐ Quit ☐ Other _____ **Termination Date** _____

Reason _____

Date final check received or expected _____ Gross Amount _____ Vacation/Sick Pay: Date _____ Amount _____

Employer/Business Name _____

Please list name, address and telephone number of the company through which payroll is issued, **if different**.

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Warning: Any person who aids another person to obtain assistance (or benefits) fraudulently is subject to penalties provided by state and federal law, including fines, imprisonment or both.

I certify that the information contained in this form is true and correct to the best of my knowledge.

Signature of Individual Completing Form _____ Title _____ Date _____

Print Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs.

The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027), found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the [State Information/Hotline Numbers](http://www.fns.usda.gov/snap/contact_info/hotlines.htm) (click the link for a listing of hotline numbers by State); found online at: http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

This institution is an equal opportunity provider.

You may also file your complaint with the Cabinet for Health and Family Services, Office of Human Resource Management, EEO Compliance Branch, 275 East Main Street, 5C-D, Frankfort, Kentucky 40621 or call (502) 564-7770 EXT 4107.

If you have other complaints about your SNAP case, you can call the Ombudsman's Office at 1-800-372-2973. TTY IS AVAILABLE AT 1-800-627-4702.