



MISSOURI FAMILY SUPPORT DIVISION  
PO BOX 15430  
KANSAS CITY MO 64106-0430

Missouri Department of  
**SOCIAL SERVICES**  
*Your Potential. Our Support.*

GLAD TIDINGS CHRISTIAN ACADEMY

### EMPLOYMENT INFORMATION REQUEST

HEAD OF ELIGIBILITY UNIT	ROCHELLE R TODD	SCN	0000049848	DATE	01/03/2017
EMPLOYEE NAME	ROCHELLE R TODD	DCN	0006021604	SSN	497-78-3160

### AUTHORIZATION FOR THE RELEASE OF INFORMATION

SIGNATURE	DATE
-----------	------

The above named person is a member of a household who is receiving or has made application for public assistance. In order to determine eligibility and the amount of assistance, we must have information about this person's income and expenses. It is important that we have (1) pay period ending dates, (2) hours worked, (3) gross amount of earnings, (4) anticipated changes in rate of pay or hours worked, and (5) other benefits you provide your employee. We must also have the employer name, address, and Federal Employer Identification Number used for tax reporting purposes.

We have provided a format and space on the second page of this letter to enter this information. If this format is not easy for you to use, you may use another format or a separate sheet and attach it to this form.

If the employee is no longer working for you, please complete the section entitled "Terminated Employment". Also, enter gross earnings if there is a pay period indicated.

If the employee is retired from your company, please complete the section entitled "Retirement" and the earnings section if there is a pay period indicated.

If the employee is new, please complete the section entitled "New Employee" and the earnings section if there is a pay period indicated.

Enclosed is a self-addressed envelope for your reply. We appreciate the time you are taking to give us this information and thank you for your cooperation.

**PLEASE NOTE:** In order to comply with Federal regulations our Agency is required to make a local decision on this application within a specified period of time. We appreciate your help and cooperation in returning this form as soon as possible so that we can make a decision within the timeframe allotted for this program.

If you have any questions, please contact:

ELIGIBILITY SPECIALIST/CASE ANALYST	LOAD NUMBER	FAX NUMBER	PHONE NUMBER
MEGA LOAD	002858	816-889-3932	(855) 373-4636

#### TERMINATED EMPLOYMENT: (If the person is no longer employed in your company, please complete the following.)

HOW LONG EMPLOYED?	DATE LAST WORKED	GROSS AMT LAST CHECK	NO. OF HOURS ON LAST CHECK	DATE LAST CHECK (TO BE) RCVD
	/ /	\$		/ /

REASON FOR TERMINATION

#### RETIREMENT: (If the person is retired from your company, please complete the following.)

EFFECTIVE DATE OF RETIREMENT	GROSS AMOUNT OF MONTHLY PENSION	DATE FIRST CHECK RECEIVED
/ /	\$	/ /

#### NEW EMPLOYEE: (If the employee is new, please complete the following.)

WEEKLY HOURS	HOURLY RATE OF PAY	DATE FIRST CHECK RECEIVED	GROSS AMOUNT OF FIRST CHECK
38.5 hrs	\$ 9.00 hr	12/16/2017	\$ 515.25

Are the wages for this individual expected to change? ☐ Yes ☒ No  
If yes, explain change and effective date.





DCN 0006021604  
816889-2932

SP9

Company Code Loc/Dept Number Page  
RM / T9K 20733345 01/1 4654877 1 of 1  
GLAD TIDINGS ASSEMBLY OF GOD CHURCH  
PO BOX 300932  
KANSAS CITY, MO 64130

# Earnings Statement



Period Starting: 12/16/2016  
Period Ending: 12/31/2016  
Pay Date: 12/30/2016

Taxable Marital Status: Single  
Exemptions/Allowances: Tax Override:  
Federal: 2 Federal:  
State: 2 State:  
Local: 0 Local:  
Social Security Number: XXX-XX-XXXX

Rochelle Todd  
1307 E 89th St  
Apt D  
Kansas City, MO 64131

Earnings	rate	hours/units	this period	year to date	Other Benefits and Information	this period	year to date
Regular	9.0000	57.25	515.25	515.25	Vacation		
					- Carry Over		0.00
					- Accrued Hours	2.00	2.00
					- Taken Hours	0.00	0.00
					- Balance		2.00
					Total Hours Worked	57.25	57.25
					Deposits		
					account number	transit/ABA	amount
					XXXXXX4278	XXXXXXX	360.05
Gross Pay			\$515.25				
Statutory Deductions			this period	year to date			
Federal Income			-4.56	4.56			
Social Security			-29.57	29.57			
Medicare			-6.91	6.91			
Missouri State Income			-1.00	1.00			
Kansas City Local Income			-4.77	4.77			
Voluntary Deductions			this period	year to date			
*Hospital (pre-tax) \$			-28.73	28.73			
*Short Term Disability After			-9.66	9.66			
Miscellaneous			-70.00	70.00			
Net Pay			\$360.05				

*Returned  
\$92.31*

ELLE	Amount:	\$	571.46	Check Number:	1213
-78-3160	Period:	10/31/16 to	11/11/16	Pay Date:	11/14/16
=====	Rate =	Current	=== Ytd =	Withholdings ===	Current === Ytd
77.35	8.00	618.80	618.80		0.00 0.00
0.00	12.00	0.00	0.00		0.00 0.00
0.00	8.00	0.00	0.00		0.00 0.00
0.00	8.00	0.00	0.00	Federal	0.00 0.00
0.00	8.00	0.00	0.00	Fica & Medicare	47.34 47.34
0.00	8.00	0.00	0.00	State	0.00 0.00
		0.00	0.00	Local	0.00 0.00
		0.00	0.00	Advance	0.00 0.00
		0.00	0.00		0.00 0.00
		0.00	0.00		0.00 0.00

11/28/16

TODD, ROCHELLE

# The Learning Curve

1118 N. 7<sup>TH</sup> Street, Kansas City, KS. 66101

451.99

Four Hundred Fifty One And 99/100 Dollars

TODD, ROCHELLE

1307 E 89TH STREET

KANSAS CITY,, MO 64131

Payroll from 11/14/16 to 11/25/16

TODD, ROCHELLE

S.S. # 497-78-3160

Amount: \$ 451.99

Period: 11/14/16 to 11/25/16

Check Number: 1183

Pay Date: 11/28/16

Period: 11/14/16 to 11/25/16 Pay Date: 11/28/16					
Income		Rate =	Current ==	Ytd =	Withholdings == Current == Ytd
Regular	61.18	8.00	489.44	1108.24	0.00 0.00
Overtime	0.00	12.00	0.00	0.00	0.00 0.00
Sick	0.00	8.00	0.00	0.00	0.00 0.00
Vacation	0.00	8.00	0.00	0.00	0.00 0.00
Holiday	0.00	8.00	0.00	0.00	Federal 0.00 0.00
Other	0.00	8.00	0.00	0.00	Fica & Medicare 37.45 84.79
Salary			0.00	0.00	State 0.00 0.00
			0.00	0.00	Local 0.00 0.00
			0.00	0.00	Advance 0.00 0.00
			0.00	0.00	0.00 0.00
			0.00	0.00	0.00 0.00
			0.00	0.00	0.00 0.00

Gross Income	489.44	1108.24	Withholdings	37.45	84.79
--------------	--------	---------	--------------	-------	-------

TODD, ROCHELLE

S.S. # 497-78-3160

Amount: \$ 451.99

Period: 11/14/16 to 11/25/16

Check Number: 1183

Pay Date: 11/28/16

[illegible]

Gross Income	489.44	1108.24	Withholdings	37.45	84.79
--------------	--------	---------	--------------	-------	-------



12/12/16

576.41

TODD, ROCHELLE  
1307 E 89TH STREET  
KANSAS CITY,, MO 64131

TODD, ROCHELLE	Amount:	\$	576.41	Check Number:	1186
S.S. # 497-78-3160	Period:	11/28/16 to 12/09/16	Pay Date:	12/12/16	
=== Income ===	Rate =	Current	=== Ytd =	Withholdings	=== Current === Ytd
Regular	78.02	8.00	624.16	1732.40	0.00 0.00
Overtime	0.00	12.00	0.00	0.00	0.00 0.00
Sick	0.00	8.00	0.00	0.00	0.00 0.00
Vacation	0.00	8.00	0.00	0.00	0.00 0.00
Holiday	0.00	8.00	0.00	0.00	Federal 0.00 0.00
Other	0.00	8.00	0.00	0.00	Fica & Medicare 47.75 132.54
Salary			0.00	0.00	State 0.00 0.00
			0.00	0.00	Local 0.00 0.00
			0.00	0.00	Advance 0.00 0.00
			0.00	0.00	0.00 0.00
			0.00	0.00	0.00 0.00
			0.00	0.00	0.00 0.00
			0.00	0.00	0.00 0.00
Gross Income			624.16	1732.40	Withholdings 47.75 132.54

TODD, ROCHELLE			Amount:	\$	576.41	Check Number:	1186
S.S. # 497-78-3160			Period:	11/28/16 to 12/09/16	Pay Date:	12/12/16	
=== Income ===	Rate =	Current	=== Ytd =	Withholdings	=== Current	=== Ytd	
Regular	78.02	8.00	624.16	1732.40		0.00	0.00
Overtime	0.00	12.00	0.00	0.00		0.00	0.00
Sick	0.00	8.00	0.00	0.00		0.00	0.00
Vacation	0.00	8.00	0.00	0.00	Federal	0.00	0.00
Holiday	0.00	8.00	0.00	0.00	Fica & Medicare	47.75	132.54
Other	0.00	8.00	0.00	0.00	State	0.00	0.00
Salary			0.00	0.00	Local	0.00	0.00
			0.00	0.00	Advance	0.00	0.00
			0.00	0.00		0.00	0.00
			0.00	0.00		0.00	0.00
			0.00	0.00		0.00	0.00
			0.00	0.00		0.00	0.00
			0.00	0.00		0.00	0.00
Gross Income			624.16	1732.40	Withholdings	47.75	132.54

1118 N. 7<sup>TH</sup> Street, Kansas City, KS. 66101

235.45

Two Hundred Thirty Five And 45/100 Dollars

TODD, ROCHELLE  
1307 E 89TH STREET  
KANSAS CITY,, MO 64131

DCN000602160

Payroll from 12/12/16 to 12/23/16

TODD, ROCHELLE	Amount:	\$	235.45	Check Number:	1008
S.S. # 497-78-3160	Period:	12/12/16 to	12/23/16	Pay Date:	12/26/16
=== Income ===	Rate =	Current ==	Ytd =	Withholdings ==	Current == Ytd
Regular	31.87	8.00	254.96	1987.36	0.00 0.00
Overtime	0.00	12.00	0.00	0.00	0.00 0.00
Sick	0.00	8.00	0.00	0.00	0.00 0.00
Vacation	0.00	8.00	0.00	0.00	0.00 0.00
Holiday	0.00	8.00	0.00	0.00	Federal 0.00 0.00
Other	0.00	8.00	0.00	0.00	Fica & Medicare 19.51 152.05
Salary			0.00	0.00	State 0.00 0.00
			0.00	0.00	Local 0.00 0.00
			0.00	0.00	Advance 0.00 0.00
			0.00	0.00	0.00 0.00
			0.00	0.00	0.00 0.00
			0.00	0.00	0.00 0.00
			0.00	0.00	0.00 0.00
Gross Income			254.96	1987.36	Withholdings 19.51 152.05