

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



DATE

GLAD TIDINGS CHRISTIAN ACADEMY

EMPLOYMENT INFORMATION REQUEST

ROCHELLE R TODD EMPLOYEE NAME ROCHELLE R TODD	SCN	0000049848	DCN	
ROCHELLE R TODA			9	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 assistance. In order to determine eligibility and the amount of this person's income and expenses. It is important that we ha worked, (3) gross amount of earnings, (4) anticipated changes benefits you provide your employee. We must also have the employer Identification Number used for tax reporting purpose	ve (1) in rate	pay period	ust have ending o	e information about dates, (2) hours
We have provided a format and space on the second page of the format is not easy for you to use, you may use another format form.	L	ter to enter te eparate shee	this info et and a	rmation. If this ttach it to this
If the employee is no longer working for you, please complete Also, enter gross earnings if there is a pay period indicated.				
If the employee is retired from your company, please complete earnings section if there is a pay period indicated.				
If the employee is new, please complete the section entitled "N there is a pay period indicated.	lew Er	mployee" an	d the ea	arnings section if
Enclosed is a self-addressed envelope for your reply. We apprinformation and thank you for your cooperation.	eciate	the time yo	u are ta	king to give us this
PLEASE NOTE: In order to comply with Federal regulations our on this application within a specified period of time. We appreciate form as soon as possible so that we can make a decision of program.	Agen ciate y within	ocy is require your help and the timefran	ed to ma d coope ne allotte	ake a local decision ration in returning ed for this
If you have any questions, please contact:				
ELIGIBILITY SPECIALIST/CASE ANALYST LOAD NUI	MBER	FAX NUMBER		PHONE NUMBER
MEGA LOAD 002	858	816-889-	3932	(855)373-4636
TERMINATED EMPLOYMENT: (If the person is no longer employed in y	your co	mpany, please	complete	the following)
HOW LONG EMPLOYED? DATE LAST WORKED GROSS AMT LAST CHECK NO. OF HO	OURS ON L	AST CHECK	DATE LAST	CHECK (TO BE) RCVD
REASON FOR TERMINATION			/	/
RETIREMENT: (If the person is retired from your common				
RETIREMENT: (If the person is retired from your compa	ny, plea	ase complete ti	ne followi	ng.)
) / S		DATE FIRST C	HECK RECEIV	ED
NEW EMPLOYEE: (If the employee is new, please complete	the foll	owing.)		100
3805 MM . \$ 900 27 DATE FIRST CHE			GROSS AMO	UNT OF FIRST CHECK
Are the wages for this individual expected to change? Yes yes, explain change and effective date.	BN	0		
PAGE 1 OF 2				FA-311 (05-08)

EMPLOY	MENT INFO	PRMATION	N REQUES	Т	ROCH	ELLE	R TODD	DCI	00060	121604
EMPLOYER NAME GLACY LOUNGER EMPLOYER ADDRESS FED EMP ID NUMBER (FEIN) FED EMP ID NUMBER (FEIN) FED EMP ID NUMBER (FEIN) FED EMP ID NUMBER (FEIN)										
DATE OF EMPLO	DATE OF EMPLOYMENT 12/16/16 CURRENT POSITION CURRENT POSITION LINES JOAC CLUB TO THE POSITION CURRENT POSITION LINES JOAC CLUB TO THE POSITION CURRENT POSITION CURRENT POSITION CURRENT POSITION CURRENT POSITION									
IF BEGINNING AN	EXTENDED LEAVE,	DATE STARTED			DATE OF		E OR RETURN FRO	M EXTENDED	LEAVE	
Please give	gross earni	ngs by pay	period for:	12-1-14)		throug	h · / -	21-17	
Pay Period		Monthly	Twice a	Month 🗆	Every	Two		□ Weekl	y Dth	ier
Date of Check	Date Check Received	Rate of Pay	Hours Worked	Gross Earnings	Tips	5	Food Allowance	Sick or Vacation Pay	Overtime	Child Support Garnished Gross Amount
10/10	100			10 7						
			-							
Does WIA	pay any part	of the ware	267							
If Yes, am	ount:	Of the wage							☐ Yes 🖄	No
Are there If Yes, exp			ffect the ear	nings of the e	employ	ee?		,	Yes 🗆	No
Are the wa	ages or numb	ber of hours	worked exp	ected to char	ige in t	the n	ext 6 month	s?	∑ Yes □	No
BENEFITS		s and	rease		/ .	Military				
or sick ben	employee have	e?	surance	☐ Yes 🛱-I	No				enefits empl	oyee has: AMOUNT
	npany Name icy No.					Cor	npany Divid npany Shar	ends es or Sto	ck	
	, Paid By: □ E	mployee [] Employer			Cre	dit Union untary Dedu			
Who is co	vered? □E	mployee []Spouse [] Dependents	,	Sav	ings Bonds		-	
If No, is he to the emp	ealth insuran bloyee?	ce offered o	r available	☐ Yes ☐ I	No		K Account er			
	ealth insuran bloyee's depe		r available	☐ Yes ☐ I	No L					
If Yes, who	s is coverage	e available fo		☐ Employee		Spoi		ependent	S	
				nly premium						
If health insurance or sick benefits are offered to the employee, did the employee choose to not Yes No purchase the insurance?										
				sick benefits	s?					Yes □ No
	en was the ir		opped?	D.F	-			on action in the reservor.		
	If Yes, for what members? ☐ Employee ☐ Spouse ☐ Dependents									
	Is there a worker's compensation claim pending or being paid? Yes No If Yes, amount:									
SIGNATURE OF P	SIGNATURE OF PERSON COMPLETING FORM A DATE 19 2011 - ET									
TITLE Administrator TELEPHONE: NUMBER 333-1054										

PAGE 2 OF 2

FA-311 (08/07)

Den opposiziet 816/889-3932

 Company Code
 Loc/Dept Aumber
 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: Period Ending: Pa, Date:

12/16/2016 12/31/2016 12/30/2016

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

5

this period 2.00 57.25 Other Benefits and Total Hours Worked Accrued Hours - Taken Hours - Carry Over Information - Balance Deposits Vacation 515.25 \$515.25 year to date

\$515.25

Gross Pay

this period

57.25 hours/units

rate 9.0000

Earnings Regular 0.00 2.00 0.00 2.00 57.25

year to date

4.56 29.57 6.91 1.00 4.77 28.73 9.66 70.00 year to date year to date -4.56 -29.57 -6.91 -1.00 -28.73 -9.66 -70.00 \$360,05 this period this period *Hospital (pre-tax) \$
*Short Term Disability After Miscellaneous Kansas City Local Income Voluntary Deductions Statutory Deductions Missouri State Income Federal Income Social Security Medicare Net Pay

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

transit/ABA XXXXXXXX account number XXXXXX4278

360.05

amount



The Learning Curve

1118 N. 7TH Street, Kansas City, KS. 66101

11/14/16

571.46

undred Seventy One And 46/100 Dollars

ROCHELLE

ROCHELLE

89TH STREET

CITY,, MO 64131

l from 10/31/16 to 11/11/16

ELLE		ount: \$	571.	.46 Ch	eck Number: 1	212
-78-31	60 Pe	riod: 10	/31/16 to	11/11/16 Pa	y Date: 11/14	1/16
	Rate =	Current	=== Ytd =	Withholding	s === Current	1/16
77.35	8.00	618.80	618.80	wa chinoraring	s Current	
0.00	12.00	0.00	0.00		0.00	
0.00	8.00	0.00			0.00	
0.00	8.00	0.00	0.00	1 <u>000</u> <u>2</u> 0	0.00	0.00
0.00	8.00		0.00	Federal	0.00	0.00
0.00		0.00	0.00	Fica & Med	icare 47.34	47.34
0.00	8.00	0.00	0.00	State	0.00	
		0.00	0.00	Local	0.00	
		0.00	0.00	Advance	0.00	
		0.00	0.00		0.00	
902		0.00	0.00		0.00	
		0.00	0.00	8 V S	0.00	
			9000 (30 000) (30 0			
	engles (lithin engage desires entarp engage salah 1905 Militar engage matrix damps salah salah salah			ana alanka anaka anaka anaka Salika alaun anaka an	0.00	0.00
ne		618.80	618.80	Witholding	s 47.34	47.34

77.35 0.00 0.00 0.00 0.00 0.00	50 Pe	mount: \$ eriod: 10 Current 618.80 0.00 0.00 0.00 0.00 0.00 0.00 0.00	571. /31/16 to === Ytd = 618.80 0.00 0.00 0.00 0.00 0.00 0.00 0.00	11/11/16	Pay Dat ngs ===	Ourrent 0.00 0.00 0.00 47.34 0.00 0.00 0.00 0.00 0.00	716 0.00 0.00 0.00 0.00 47.34 0.00 0.00 0.00 0.00
						0.00	0.00

DCN000 6021604

The Learning Curve

11/28/16

TODD, ROCHELLE

1118 N. 7TH 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 AN S.S. # 497-78-3160 Per S.S.	489.44 0.00 0.00 0.00 0.00 0.00 0.00 0.00	1108.24 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	11/25/16 Pay Dat Withholdings === Federal Fica & Medicare State Local Advance	0.00 0.00 0.00 0.00	
	489.44	1108.24	Witholdings	37.45	84.79

S.S. # 497-78-3160 Per Income ====== Rate = Regular 61.18 8.00 Overtime 0.00 12.00 Sick 0.00 8.00 Vacation 0.00 8.00 Holiday 0.00 8.00 Other 0.00 8.00 Salary	mount: \$ eriod: 11 Current 489.44 0.00 0.00 0.00 0.00 0.00 0.00 0.00	451. /14/16 to === Ytd = 1108.24 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	99 Check Nu 11/25/16 Pay Date Withholdings === (Federal Fica & Medicare State Local Advance		
Gross Income	489.44	1108.24	Witholdings	37.45	84.79

DCN 000 602 160/12/12/16

TODD, ROCHELLE

576.41

Five Hundred Seventy Six And 41/100 Dollars

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

Payroll from 11/28/16 to 12/09/16

TODD, ROCHELLE AS.S. # 497-78-3160 F TODD ROCHELLE S.S. # 497-78-3160 F TODD ROCHELLE RATE TO TODO ROCHELLE RA	mount: \$ Period: 11 Current 624.16 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	100126 :	41 Check Nu 12/09/16 Pay Date Withholdings === Federal Fica & Medicare State Local Advance	mber: 1: 2: 12/12/ Current 0.00 0.00 0.00 47.75 0.00 0.00 0.00 0.00 0.00	/16
Gross Income	624.16	1732.40	Witholdings	47.75	0.00

S.S. # 497-78-3160 Pe == Income ==== Rate = Regular 78.02 8.00 Overtime 0.00 12.00 Sick 0.00 8.00 Vacation 0.00 8.00 Holiday 0.00 8.00 Other 0.00 8.00 Salary	mount: \$ eriod: 11, Current 624.16 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	/28/16 to	41 Check Nu 12/09/16 Pay Date Withholdings === Federal Fica & Medicare State Local Advance	70/70	
Gross Income	624.16	1732.40	Witholdings	47.75	132.54

The Learning Curve

1118 N. 7TH Street, Kansas City, KS. 66101

12/26/16

TODD, ROCHELLE

235.45

Two Hundred Thirty Five And 45/100 Dollars

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

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



TODD, ROCHELLE S.S. # 497-78-3160	Amount: \$	235.	.45 Check Nu	umber: 10	008
== Income ==== Rat Regular 31.87 8. Overtime 0.00 12. Sick 0.00 8. Vacation 0.00 8. Holiday 0.00 8. Other 0.00 8. Salary	00 254.96 00 0.00 00 0.00 00 0.00 00 0.00 0.00 0	1987.36 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	12/23/16 Pay Date Withholdings === Federal Fica & Medicare State Local Advance	12/26/	116
Gross Income	254.96	1987.36	Witholdings	19.51	152.05

	254.96 0.00 0.00 0.00 0.00	112/16 40	.45 Check Nu 12/23/16 Pay Date Withholdings === Federal Fica & Medicare State Local Advance	-	
Gross Income	254.96	1987.36	Witholdings	19.51	152.05