

Arkansas Department of Human Services
Verification of Earnings

TO EMPLOYER:

To determine eligibility and correct benefits for your employee we need the information requested below. **This will enable us to ensure that the public funds are used only for the actual and correct benefits to which a household is entitled.** PLEASE COMPLETE THE ITEMS CIRCLED AS WELL AS THE SIGNATURE SECTION AT THE BOTTOM OF THIS FORM.

If you need this material in a different format such as large print, contact your local DHS county office.

Address Department of Human Services

Caseworker

Telephone Number TDD#

Employee

Casehead

SSN of Employee

Case Number

1. The above employee began work _____ and earns \$ _____ per hour. He/she works an average of _____ hours per week. Date first pay to be received _____.

Anticipated gross amount of 1st pay \$ _____.

Employee is paid: ☐ Weekly ☐ Monthly ☐ Other -- Please indicate how often _____
☐ Every 2 weeks ☐ Twice Monthly

2. Please show GROSS EARNINGS (before any deductions) PAID TO this employee as indicated. Please list each pay check separately **including vacation pay and bonuses.**

Pay Period Ending	Date Received	Hours Worked	Gross Wages	Tips	Housing/Utilities Paid above wages

☐ REC'D in the Month
of

☐ For the past
consecutive pay
periods

3. **Earnings:** Are any of the earnings funded by JTPA - On The Job Training Program? ☐ Yes or ☐ No

4. **Termination:** If employee no longer is employed by you, what was the date and reason for leaving this job?

Date last check will be received _____ and gross amount _____

5. Additional Information/Expected Changes: (such as layoffs, raises, increased or reduced hours, vacation pay, bonuses, and sick pay).

6. **Insurance:** If employee has insurance through this job, what is the name and address of the insurance carrier? _____

Claims processing address if different than insurance carrier _____

Policy Number _____ Effective date of policy _____

Type of coverage _____ Policy: ☐ individual or ☐ group

Policyholder and covered individuals _____

I do hereby certify that the above information is factual and correct to the best of my knowledge.

Employer/Payroll Clerk Signature

Date

Telephone

Place of Business

Address