



Request for Employment Information

Date: _____

To: _____
Employer

Re: _____
Name

Employer's Address

Address

City State ZIP

City State ZIP

SSN

Dear: _____

On behalf of the above named individual, we request that you indicate by checking the appropriate box below, whether or not he or she is currently in your employ and that you provide current wage information.
Do not complete this form if the individual has not signed the statement below.

Department Representative

Address

City State ZIP

Authorizing Statement

I authorize the employer named above to indicate to the Department of Transitional Assistance whether or not I am **currently** in their employ and authorize them to provide current wage information.

Individual Signature

Date

Employer Statement

- The above individual is **not** currently in my employ. Date last worked / /
- The above individual is currently in my employ. Date of Initial employment / /

Employer Signature

Date

Wage information for the indicated periods:

Date: / /	Earnings:\$ ____.	Hours: _____	Date: / /	Earnings:\$ ____.	Hours: _____	Date: / /	Earnings:\$ ____.	Hours: _____
Date: / /	Earnings:\$ ____.	Hours: _____	Date: / /	Earnings:\$ ____.	Hours: _____	Date: / /	Earnings:\$ ____.	Hours: _____