November 1, 2022

RE: Wage Information For: ________________________________

I AUTHORIZE THE RELEASE OF THIS INFORMATION TO THE DEPARTMENT OF SOCIAL SERVICES.

See Attached Release of Information

Dear

The individual named above has authorized the release of information to the Department of Social Services (DSS). Please complete the reverse side of this form and return it in the enclosed stamped, self-addressed envelope or by faxing it to our office if there is a number listed above.

Through coordinated efforts of the DSS and Department of Labor and Regulation (DLR) local offices, our programs have increased responsibility in:

- Helping adults who can work become employed and/or stay employed; and
- Accurately reflecting income received by individuals on our programs to reduce the risk of a financial sanction against the State of South Dakota.

Thank you for taking the time to complete all the information on this form. Your help is very much appreciated. Please feel free to contact me if you have questions.

Sincerely,

Economic Assistance Benefits Specialist
**WAGE VERIFICATION**

*To Be Completed by Employer – Return To: ___________________________ Fax #: __________________*

### 1. Employment Information

<table>
<thead>
<tr>
<th>First Day</th>
<th>Date: <em><strong>/</strong></em>/___</th>
<th>First Paycheck (if new)</th>
<th>Date: <em><strong>/</strong></em>/___</th>
<th>Expected Hrs. in 1st Pay Period (if new):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate of Pay</td>
<td>$ ___________</td>
<td>☐ Per Hour ☐ Per Day ☐ Per Week ☐ Per Month ☐ Per Job</td>
<td>Average Hours Per Week: ___________</td>
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<tr>
<td>Pay Period:</td>
<td>☐ Weekly ☐ Bi-Weekly ☐ Twice a Month ☐ Monthly ☐ Other: ___________</td>
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<tr>
<td>Last Day (if ended)</td>
<td>Date: <em><strong>/</strong></em>/___</td>
<td>Last Paycheck (if ended)</td>
<td>Date: <em><strong>/</strong></em>/___</td>
<td>Gross Amt of Last Paycheck:</td>
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<tr>
<td>Reason Ended (if no longer employed)</td>
<td>☐ Quit ☐ Laid Off ☐ Fired ☐ Did Not Return ☐ Medical Leave ☐ Temporary Work ☐ Maternity Leave ☐ Other ___________</td>
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<tr>
<td>Anticipated Wage Increases or Decreases?</td>
<td>Please Explain:</td>
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### Other Employment Information

- Workforce Innovation and Opportunity Act (WIOA): ☐ Yes - On the job Training ☐ Yes - Work Experience ☐ No
- Work study, graduate assistantship or stipend: ☐ Yes ☐ No | Will employment last at least 120 days? ☐ Yes ☐ No

### 2. Income Received

List all earnings employee received in the following timeframe: ______________________ to __________________________

Include anticipated earnings if payments outside regular wages are expected. Please report earnings received in the fields below or submit payroll records. Payroll records may include copies of paystubs, computer printouts, etc.

<table>
<thead>
<tr>
<th>Date Received by Employee</th>
<th>Hours Worked</th>
<th>Gross Earnings</th>
<th>Tips</th>
<th>Child Support Deducted</th>
<th>Net Earnings</th>
<th>Payment Type*</th>
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*Payment types include but are not limited to: regular wages, overtime, bonuses, leave pay, and retirement or vacation payout

### 3. Health Insurance Information

- Does employee have medical insurance through your company? ☐ Yes ☐ No
- Is medical insurance available through your company? ☐ Yes ☐ No
- If employee has employer-sponsored medical insurance, please provide the following:
  - Name of Insurance Company: ___________
  - Coverage Start Date: ___________
  - Policy Number: ___________
  - Group Number: ___________
  - Coverage Includes: ☐ Employee ☐ Dependents (Please list) ___________

The above information was provided by:

____________________   ___________________________
Signature and Title of the Individual Completing this Form   Date

Please print your name and the name of the business   Business Telephone   Fax Number