

App Key Number:	

Request for Earnings Information

Applicant name:			Application date:				
Address:				Phone:			
City:	State: Zip:			Employer:			
I hereby authorize my employer	to release	the ir	nformation be	low to the rec	questing agency.		
Applicant Signature				Date			
То	be Comple	eted l	oy Employer	ONLY			
Has the applicant listed above been in your employ as a full-time epart-time employee, or contractor within the most immediate through the above application date? Yes No				Start date:/			
Is the applicant listed above still an active employee/contractor? — Yes — No	If no, type of termination? ☐ Voluntary ☐ Involuntary ☐ Layoff			Layoff	Date of separation:		
Employee's base pay rate/salary:	Average hours per pay period:		Pay frequency: ☐ Weekly ☐ Biweekly ☐ Other:				
Gross wages for 3 months preceding application date:	Tips received for 3 months preceding application date:		Bonuses received for 3 months preceding application date:				
All Contact Information for employer REQUIRED							
Printed name of individual completing form:		Job title of individual completing form:					
Signature of individual completing form:		Date:					
Business telephone:		Business e-mail:					
Please return this completed	form to the	e req	uesting ager	ncy:			
Address:							
E-mail address:c			or Fax number:				