



Arkansas Department of Education
Office of Early Childhood
Verification of Earnings

TO EMPLOYER: The information listed below is requested to determine eligibility and correct benefits for your employee. This will enable us to ensure that public funds are used only for the actual benefits to which a household may be eligible. PLEASE COMPLETE THE FORM IN ITS ENTIRETY AND 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 ADE county office.

Family Support Specialist:
Telephone Number:
TDD #:
Email: _____@ade.arkansas.gov

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Employee Name _____ Employee SSN _____

- 1. The above employee began work _____ and earns \$_____ per hour. Employee works an average of (Insert number of hours) _____ hours per week.
2. Employee is paid: [] Weekly [] Bi-Weekly [] Twice a Month [] Monthly [] Annually
3. Please show GROSS EARNINGS (before any deductions) PAID to this employee as indicated. Please list each paycheck separately including vacation pay and bonuses. Current earnings must be listed if employed more than 30 days

Table with 6 columns: Pay Period Beginning, Pay Period Ending, Date Received, Hours Worked, Gross Wages, Tips/ Bonus

- 4. Earnings: Are any of the employee's earnings funded by JTPA - On the Job Training Program? [] Yes [] No
5. Termination: If employee is no longer employed by you, what was the last date of employment? _____ Date last check will be received: _____ Gross amount: \$_____
6. Additional Information/Expected Changes: (such as layoffs, raises, increased or reduced hours, vacation pay, bonuses, and sick pay): _____

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

Employer/Payroll Clerk Printed Name _____ Date _____
Employer/Payroll Clerk Signature _____ Telephone # _____
Place of Business _____ Address _____
Employer email address _____

Arkansas Department of Education Office Use ONLY
Family Support Specialist: _____ Date(s) Called: _____
Verified by: _____ Case Number: _____
Additional Info: _____