DALLAS COUNTY DEPARTMENT OF HUMAN RESOURCES
P.O. BOX 1210
SELMA, ALABAMA 36702
Phone # 334-876-4100 FAX # 334-876-4277

EMPLOYMENT/LOSS OF WORK/INCOME VERIFICATION

CHILTON COUNTY BOARD OF EDUCATION	RE: Employee CAREN SHEFFIELD
	SS No. 417237936
	Case Name ____
	Case ID # ____
	Case #(s) FA ____ FS 44825
	Worker LAMAR Date 8/24/2022

I. AUTHORIZATION FOR RELEASE OF INFORMATION

The above named person receives or has applied for assistance and earnings information is needed to determine eligibility. Your cooperation in providing the requested information is appreciated.

Your Signature

A. ☒ I, _____ give the Department of Human Resources permission to verify my income.

B. ☒ Authorization for release is conveyed by signature on required department forms which provide explanations of the Federally mandated use of social security numbers.

Please complete each section which has been marked on the front and back of this form.

☐ **II. GENERAL WAGE INFORMATION**

Please complete items checked with income information for _____.
Month/Year

A. ☐ Beginning date of employment _____.
B. ☐ Hours expected to work per week _____.
C. ☐ Wages per hour _____. If not paid hourly, wages per pay period _____.
D. ☐ Overtime hours expected per week _____. Wages per hour _____.
E. ☐ How often paid? ☐ weekly; ☐ bi-weekly; ☐ twice monthly; ☐ monthly; other _____
F. ☐ Date 1st check actually received by employee _____. Date pay period ended _____.
G. ☐ Day of the week pay checks usually received by employee _____.
H. ☐ Is employee covered by a health insurance program? ☐ Yes ☐ No If yes, name of insurance company_____.

☒ **III. RECORD OF PAY**

☒ Provide information as indicated which was or will be paid in the month(s) of AUGUST 2022 & ONGOING. in the space below. If additional space is needed use Section V on the back of this form.

☒ Information for additional months. Please use Section V on the back of this form.

* Gross pay refers to the total wages earned before any deductions and includes the employee share of Social Security paid by the employer for the employee.

** Report tips/commissions separately if not included in gross pay.

Pay Period From – To	Date Pay Received	Gross Pay*	Hours Worked	Earned Income Credit	Tips/ Commissions**

DHR-FAD-1532
Jan. 2002

Chilton County BOE

☒ **IV. LOSS OF INCOME**

A. ☒ Date employment ended _____

B. ☒ Reason for termination _____.

C. ☒ Is the loss of income ☐ Permanent or ☐ Temporary? If temporary, when do you expect the employee to return to work? _____.

D. ☒ Date employee received final check _____. Gross amount $ _____.

E. ☒ Will employee receive any vacation pay, retirement refund or other? ☐ Yes ☐ No If yes, what type? _____ Date received _____ Amount _____.

F. ☒ Is employee eligible for any type of benefits from your company, such as extended insurance coverage, workers' compensation or other? ☐ Yes ☐ No If, yes,

1. Please explain: _____

_____

2. Name of insurance company _____.

☐ **V. ADDITIONAL RECORD OF PAY RECEIVED**

Please complete with income information beginning with _____ and continuing to _____.

Pay Period From – To	Date Pay Received	Gross Pay*	Hours Worked	Earned Income Credit	Tips/ Commissions**

☒ **VI. EMPLOYER INFORMATION**

_____
Signature of Employer/Designee

_____
Name of Business

_____
Address

_____

_____
Employer's Title/Designee's Title

_____
Telephone Number

_____
FAX Number

_____
Date Completed

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Phone # 334-876-4100 FAX # 334-876-4277

EMPLOYMENT/LOSS OF WORK/INCOME VERIFICATION

BIG RIVER CAR WASH	RE: Employee TRITON SHEFFIELD
	SS No. 420578851
	Case Name CAREN SHEFFIELD
	Case ID #
	Case #(s) FA FS 44825
	Worker LAMAR Date 8/24/2022

I. AUTHORIZATION FOR RELEASE OF INFORMATION

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Your Signature.

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B. ☒ Authorization for release is conveyed by signature on required department forms which provide explanations of the Federally mandated use of social security numbers.

Please complete each section which has been marked on the front and back of this form.

☒II. GENERAL WAGE INFORMATION

Please complete items checked with income information for AUGUST 20227 ONGOING.
Month/Year

A. ☒ Beginning date of employment _____.
B. ☒ Hours expected to work per week _____.
C. ☒ Wages per hour _____. If not paid hourly, wages per pay period _____.
D. ☒ Overtime hours expected per week _____. Wages per hour _____.
E. ☒ How often paid? ☐ weekly; ☐ bi-weekly; ☐ twice monthly; ☐ monthly; other _____
F. ☒ Date 1st check actually received by employee _____. Date pay period ended _____.
G. ☒ Day of the week pay checks usually received by employee _____.
H. ☒ Is employee covered by a health insurance program? ☐ Yes ☐ No If yes, name of insurance company_____.

☒III. RECORD OF PAY

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Pay Period From – To	Date Pay Received	Gross Pay*	Hours Worked	Earned Income Credit	Tips/ Commissions**

DHR-FAD-1532
Jan. 2002

Big River

☐ **IV. LOSS OF INCOME**

A. ☐ Date employment ended _____

B. ☐ Reason for termination _____.

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1. Please explain: _____

_____

2. Name of insurance company _____.

☐ **V. ADDITIONAL RECORD OF PAY RECEIVED**

Please complete with income information beginning with _____ and continuing to _____.

Pay Period From – To	Date Pay Received	Gross Pay*	Hours Worked	Earned Income Credit	Tips/ Commissions**

☒ **VI. EMPLOYER INFORMATION**

_____
Signature of Employer/Designee

_____
Employer's Title/Designee's Title

_____
Name of Business

_____
Telephone Number

_____
Address

_____
FAX Number

_____

_____
Date Completed