

App Key Number: \_\_\_\_\_\_

## **Request for Earnings Information**

Applicant name:			Application date:
Address:			Phone:
City:	State: IN	Zip:	Employer:

I hereby authorize my employer to release the information below to the requesting agency.

## Applicant Signature

Date

## To be Completed by Employer ONLY

Has the applicant listed above be months? Yes No	Start date:		
Is the applicant listed above still an active employee?	If no, type of termination?		Date of separation:
🗅 Yes 🗅 No	□ Voluntary □ Involuntary □ Layoff/		
Employee's base pay rate/salary:	Average hours per pay period:	Pay frequend Weekly Other:	Biweekly
Gross wages for 3 months preceding application date:	Tips received for 3 months preceding application date:		eived for 3 months oplication date:

## All Contact Information for employer REQUIRED

Printed name of individual completing form:	Signature of individual completing form:
Job title of individual completing form:	Date:
Business telephone:	Business e-mail:

Please return this completed form to the requesting agency: \_\_\_\_\_\_

Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_\_ or Fax number: \_\_\_\_\_\_

\_\_\_\_\_