D63 (03/23/2016)

**Hennepin County**
Human Services and Public Health Department
**Eligibility and Work Supports**
PO Box 107
Minneapolis, MN 55440-0107

Phone 612-596-1300
Fax 612-288-2981
www.hennepin.us

## VERIFICATION INFORMATION REQUEST

This information is available in other forms to people with disabilities by calling the county worker on this form. For TDD users and those with speech difficulties, please contact your county worker through the Minnesota Relay at 711 or 1-800-627-3529 (TDD) or 1-877-627-3848 (Speech-to-Speech Relay).

### Case Information

| Client Name | Case Number | Date |
|---|---|---|
| ALMA GONZALEZ | 197049 | 05/04/2016 |

**You will need to show proofs for us to decide if you are eligible.**

Proofs may be different if you want more than one kind of assistance. Ways you can show proof are listed below the underlined item.

- Be sure to write your case number on everything you send.
- Please send photocopies of original documents.
- If you send original documents, they may not be returned.

If you have questions or need help getting this information, call the phone number above.

**Please provide the following proofs:**

**Stop Work**
Proofs may be: Employment Verification form and/or other employer statement with last date worked, last pay date and final check amount.

**Comments or Additional Proofs Needed**
Alma-

Please provide verification of stop work from: Employer Solutions.
Please provide verification of all income received from Employer Solutions.

Please contact your team with questions,
Thanks.

Please verify stop work for Alma.

**Return these items by:**

Attn: Claudia Lopez @ CMG.

**You may be asked to show more proof**

- At the time of your interview
- When your case is reviewed
- When there is new information

**If you do not show proof you may not get the help you asked for.**

☒ **Call EZ Info at 612-596-1300**
To get information on your case file, such as what verifications we have received.
**Call anytime - 24 hours a day, 7 days a week.**

Please fax back to Hennepin @ 612-288-2981 Reference # 197049.

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**STOP WORK**

## Case / Worker Information

| Case Number | Worker Name |
|---|---|
| | Team 461 |

## Employee Information

| Employee Name | Social Security Number |
|---|---|
| ALMA GONZALEZ | |
| **Employer Name** | **FEIN** |
| EMPLOYER SOLUTIONS | 262726508 |
| **Employer Address** | |
| 404 Broadway Ave. St. Paul Park, MN 55071 | |

## Employer to Fill Out Below

| Employed From | Employed Through | Gross Amount of Final Check Date Received |
|---|---|---|
| 02/22/2016 | 02/22/2016 | See attached |
| **Medical Coverage Ends** | **Medical Premium Due** | |
| Ø | Ø | |
| **COBRA INFORMATION:** | **Individual Premium Amount** | **Family Premium Amount** |
| | Ø | Ø |
| **Insurance Benefit Contact Person Name** | | **Phone Number** |
| | | |

Separation Due to: ☐ Layoff ☒ Voluntary Quit ☐ Involuntary Quit ☐ Strike/Lockout

Can Employee Return to Work? ☐ No ☒ Yes If Yes, When: when what we have available fits what she is looking for.

### Continued Pay and Benefits

| Benefit | Gross Amount | Date Paid | Benefit | Gross Amount | Date Paid |
|---|---|---|---|---|---|
| Vacation Pay: | Ø | Ø | Vacation Pay: | Ø | Ø |
| Severance Pay: | Ø | Ø | Severance Pay: | Ø | Ø |
| Worker Compensation: | Ø | Ø | Worker Compensation: | Ø | Ø |

### Leave of Absence

Begin Date: Ø Expected Return Date: Ø

☐ With Pay ☐ Without Pay Reason:

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**STOP WORK**

**Signature**

I certify that this information is true and correct to the best of my knowledge and that I have the authority to make such verifications on behalf of this company.

| Employer Signature | Title | Phone | Date |
|---|---|---|---|
| [signature] | Staffing Coordinator | 651-666-8883 | 5/4/16 |



Case No.

Employer Solutions Staffing Group II

619158419

Name: **Alma R Gonzalez** **Email**

**EARNINGS STATEMENT**
**IMPORTANT - KEEP FOR YOUR RECORDS**

SSN: ###-##-0435 Check Date: 03/03/16 619158419

| Week Ending | Employee Name | Customer | Department Name | Type | Hours | YTD Hours | Pay Rate | Total Pay |
|---|---|---|---|---|---|---|---|---|
| 2/28/2016 | | Gregory Foods | Corporate | Reg | 7.48 | 7.48 | $10.00 | $74.80 |

| Tax Name | Taxable Grs. | Tax Amt. | YTD Tax |
|---|---|---|---|
| Federal Income | $74.80 | $0.00 | $0.00 |
| FICA EE | $74.80 | $4.64 | $4.64 |
| MED EE | $74.80 | $1.08 | $1.08 |
| MN WH | $74.80 | $0.00 | $0.00 |

| Bank Name | Amount | Account No. |
|---|---|---|
| TCF | $69.08 | ####1700 |

| | |
|---|---|
| **YTD Gross** | $74.80 |
| **Gross Amt.** | $74.80 |
| **Net Amt.** | $69.08 |

| | |
|---|---|
| **Federal Filing Status:** | Married - 2 |