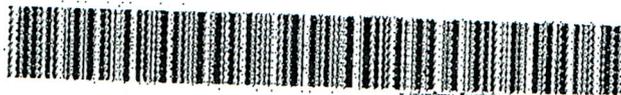




Minnesota Department of Human Services



11/16/07 09:52:16

Authorization for Release of Employment Information

Date: 12/22/2015

Case number: 1666957

To: ATLAS STAFFING
HURST
MN

Worker name: Family B
Agency name: Stearns County Human Services
Agency address: Box 1107
City, state, zip code: St. Cloud, MN 56302
Worker phone: 320-656-6000 Fax: 320-656-6447

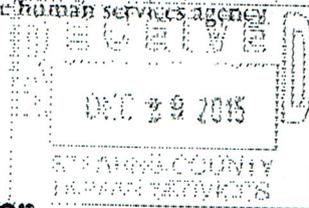
We need to verify the employment information for the person listed below:

Person name: Laura Burson
Address: 905 W Saint Germain St Apt 415
City/state/zip code: Saint Cloud, MN 56301-4508

Social Security number: XXX-XX-4908

Please provide the information requested on the back of this form and sign the form where indicated. On the bottom half of this form is a signed authorization to release information to the human services agency shown below.

Thank you for your cooperation.



Authorization for Release of Information

Giving Permission: I give permission for the person/organization above to release the requested information to the above agency. This information is used to figure my eligibility for public assistance and/or services.

Consequences: State and Federal privacy laws protect my records. I know:

- Why I am being asked to release this information
- I do not have to consent to this authorization, but it may affect my benefits or services if I do not give my consent
- That, generally, I must give my written consent for this person/agency to give out this information, but if I do not consent, the information will not be released unless the law otherwise allows it
- I may stop this authorization with a written notice at any time, but this written notice will not affect information the agency has already requested
- The person or agency who gets my information may be able to pass it on to others
- If my information is passed on to others by DHS, it may no longer be protected by this authorization.

This authorization will end one year from the date I sign it, unless the law allows for a longer period.

CLIENT SIGNATURE <i>Laura Burson</i>	DATE 12/22/15	Original copy for agency
SIGNATURE OF SPOUSE/EX-SPOUSE/AUTHORIZED REPRESENTATIVE	DATE	Provide copy to client

Over

Employment Information

To be completed by employer - return both pages to requesting agency
(Mail or fax to agency address/fax number on first page)

EMPLOYEE NAME Laura Burson	SOCIAL SECURITY NUMBER 4908	CASE NUMBER 1666957
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Employment period:	DATE BEGAN/EXPECTED TO BEGIN 12/8/15	DATE ENDED/EXPECTED TO END	IF ENDED, DATE LAST PAID
REASON ENDED <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary	EXPLAIN:		GROSS AMOUNT

Pay rate: \$ 17.00/hour
 \$ _____/day
 \$ _____/acre
 Other (explain): _____

If per acre, # of acres anticipated: _____
 Does this rate depend on the type of work performed? Yes No
 If yes, explain: _____

Income received/expected: Provide information for these months: NOV DEC JAN

What was the date of the first pay check received? _____

EMPLOYMENT IS: <input type="checkbox"/> Part time <input type="checkbox"/> Full time	AVERAGE # HOURS PER PAY PERIOD: 40	HOW OFTEN PAID: <input checked="" type="checkbox"/> Each week <input type="checkbox"/> Once a month <input type="checkbox"/> Every two weeks <input type="checkbox"/> End of job <input type="checkbox"/> Twice a month <input type="checkbox"/> Other
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Work Schedule:

SUN	MON	TUES	WED	THUR	FRI	SAT

Attach verification of income earned, itemized by pay period, or complete the table below.
Note: For future months, anticipate income.

Income received (Record only those wages which you are reasonably certain the employee will be paid.)

Date received								
Gross earnings								
No. of hours worked								
Advances/Tips/Bonuses								
Child Support withheld								
Medical insurance								

Medical insurance:

Does the employee have medical insurance through you or your company? Yes No
 Is medical insurance available through you or your company? Yes No
 If yes, what is the employee cost? \$ _____ per _____ (period of coverage)

Signature of employer:

I understand that the information provided on this form is correct to the best of my knowledge. I understand that this form is not a contract for services.

EMPLOYER SIGNATURE <i>Laura Burson</i>	COMPANY/BUSINESS NAME MUSKER MEATS
FBN	PHONE NUMBER
	DATE