



Authorization for Release of Employment Information

Date: 6/5/17

Case number: 1227355

To: Employee Solutions

Worker name: Michelle Holtzleicer

Agency name: Ramsey County

Agency address: 160 E Kellogg Blvd.

City, state, zip code: St. Paul, MN 55101

Worker phone: (651) 266-4396

Fax: (651) 266-3930

272-8331

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

Person name: Shanell Cornelious

Social Security number: XXX-XX-____

Address:

City/state/zip code:

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>Shanell Cornelious</i>	DATE 6/14/17	
SIGNATURE OF SPOUSE/GUARDIAN/AUTHORIZED REPRESENTATIVE	DATE	

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	SOCIAL SECURITY NUMBER	CASE NUMBER
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Employment period:	DATE BEGAN/EXPECTED TO BEGIN	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: <input type="checkbox"/> \$ _____ /hour <input type="checkbox"/> \$ _____ /day <input type="checkbox"/> \$ _____ /acre <input type="checkbox"/> Other (explain): _____	If per acre, # of acres anticipated? _____ Does this rate depend on the type of work performed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____
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Income received/expected: Provide information for these months: _____

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

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

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	COMPANY/BUSINESS NAME
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