



Tallahatchie County DHS/ 200 South Market Street, Charleston, MS 38921
Phone: 662-647-5571 Fax: 662-647-2204 www.mdhs.state.ms.us

fax

TO: CMG Urging

FROM: MDHS (M. Teller)

FAX: 662-647-2204

PHONE: 662-647-5571

DATE: 12/21/11

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RE: _____

CC: _____

Comments: _____

Urgent For Review Please Comment Please Reply Please Recycle

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303-736-7767

Case Name: Eboness Cox

TANE/SNAP Case No. 170-18-2669

REQUEST FOR EMPLOYMENT VERIFICATION

FROM: MDHS
200 S. Market Street
Charleston, MS 38921

PHONE: 662-647-5571

FAX: 662-647-2204

The following individual is an applicant for or recipient of public assistance. His/her signature below authorizes the release of wage information requested on this form and the release of any information regarding his/her employment or termination of employment. His/her signature hereby releases said company (employer) from any liability for any damage resulting from disclosure of this information. We would appreciate your assistance in providing the information marked below.

TO: CMG Staffing

Eboness Cox

Employee's Social Security Number
346-64-6028

Employer's Signature
Manssa Tims

Date
12-21-17

County Case Worker's Signature _____ Date _____

CURRENT EMPLOYEE

Date Hired _____ Start Date _____ Type of Job _____

Hourly wage \$ _____ How often paid? Daily Weekly Semi-Monthly Monthly

Scheduled overtime hours _____ Day of week paid: Mon Tue Wed Thur Fri Sat Sun

For the first pay period list: Date payroll ends _____ Date first check received _____

List any tips, commissions, bonuses, vacation pay, or any other pay above the regular wages paid to employee _____

Does the employee participate in a company savings plan? Yes No

Are any changes expected in the next few months? _____ If yes, please explain _____

WAGE INFORMATION

On the chart below please give the following wage information: Income RECEIVED from _____ through _____

DATE PAY PERIOD ENDED DATE EMPLOYEE REC'D CHECK ACTUAL HOURS GROSS PAY OTHER PAY (dps, FITC, etc.) OTHER PAY TYPE

FORMER EMPLOYEE

Date employment ended or leave started _____ Date of final or last check _____ Gross amount of final or last check _____

Reason for employment ending or leave taken _____

Signature of person completing form _____

Name of Business (complete or use business stamp below) _____

Title _____ Address _____ City _____ State _____ ZIP _____

Date _____ Phone _____ FAX _____

The employer who hires a public assistance recipient may claim certain federal credits. Contact your Mississippi Department of Employment Security Office or tax accountant for additional information.