

Employment Verification (Completed by Employer Only)

FROM: Centralized Scanning Unit (CSU)
P.O. Box 181
Concord, NH 03301

Eligibility Worker Name: _____
Telephone #: _____
Today's Date: _____

Please complete and return by: _____

FOR CURRENT EMPLOYMENT

Name of Employee: Andrew LeBlanc SSN: 002 - 84 - 0141
Date of Hire: 9/4/17 Job Title: General Labor
Av. Hrs per Week: 36 Current Rate of Pay: \$ 12.65 per hr
EIN: 26-2726508 If this is new employment, the date of the 1st paycheck: 9/15/17
Frequency of pay: (circle one) Weekly Bi-weekly Monthly Semi-monthly
Please indicate if the employee has any of the following deductions:
 Share/Profit Sharing Retirement Fund/IRA Credit Union Account(s)
 Medical Insurance: Savings Bond(s) Mandatory Wage Assignment
(i.e., Child Support Assignment)
 Self Family
Do you anticipate any changes in rate of pay or hours? Yes (use back of form to explain) No

FOR TERMINATED EMPLOYMENT

Name of Employee: _____ SSN: _____
Date of Termination or Leave of Absence: _____ Circle One: Permanent Temporary
Reason for Termination: _____
Actual Date Final Paycheck Received: _____ Gross Amount of Final Paycheck: _____
Did the employee receive money from any other sources? Y N If yes, please indicate source, type, & amount (i.e., severance pay, worker's comp, etc.): _____
Did the employee have medical insurance? Y N End Date? _____ COBRA Y N

COMPLETE THIS SECTION FOR BOTH CURRENT AND TERMINATED EMPLOYMENT

Please list the employee's gross wages for the last 4 weeks, and indicate all bonuses, tips, or commissions that are not already included in the gross wages. If the employee receives an Earned Income Tax Credit (EITC), indicate the amount of the credit.

Actual Date Paid	Gross Wages	EITC	# of Hours	Tips	Bonus	Commission
<u>Please see attached</u>						

If not already included in Gross Wages...

Additional Information Requested by the Department: Yes, see back of form for more details No

Payroll Account Manager 10/13/17
Signature & Title of Person Completing this Form Date
Employer Solutions Staffing Group 952-839-1288
Company Telephone Number
PO Box 46270, Eden Prairie, MN 55344-9956 952-767-9507
Company Address Fax Number

Thank you for your cooperation.

Payroll Journal Report

Affiliate: Corporate Management Group

For Period From: 09/15/17 - 10/13/17
 SSN: XXX-XX-6141
 Customer Name: %
 Date Type: Check Date
 Branch From: Employee
 Branch: CMG

Gross Amn't	REG Hrs	OT Hrs	DT Hrs	Vac. Hrs	Hol Hrs	FICA	MED	Garn.	State	Other	Health	Other	Adj's	Status	DD	PPE	
						Fed'l	Taxes	State	Taxes	Insur.	Health	Other	Adj's	Net	Check	Ck.	
Branch : CMG																	
LeBlanc, Andrew K																	
\$412.01	32.57	0.00	0.00	0.00	0.00	\$46.20	\$5.97	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$334.30		Regular	09/10/17
.....																	
LeBlanc, Andrew K																	
\$508.28	40.00	0.12	0.00	0.00	0.00	\$60.64	\$7.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$408.76		Regular	09/17/17
.....																	
LeBlanc, Andrew K																	
\$506.76	40.00	0.04	0.00	0.00	0.00	\$60.41	\$7.35	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$407.58		Regular	09/24/17
.....																	
LeBlanc, Andrew K																	
\$504.61	39.89	0.00	0.00	0.00	0.00	\$60.09	\$7.32	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$405.91		Regular	10/01/17
.....																	
LeBlanc, Andrew K																	
\$508.85	40.00	0.15	0.00	0.00	0.00	\$60.73	\$7.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$409.19		Regular	10/08/17
.....																	
Subtotal - CMG	192.46	0.31	0.00	0.00	0.00	\$288.07	\$35.39	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,965.74			

Corporate Management Group Total	
+Gross Amount	\$2,440.51
-Taxes	\$474.77
-Deductions	\$0.00
Net Amount	\$1,965.74
No. of Checks	5
No. of Employees	1
REG Hours	192.46
OT Hours	0.31
DT Hours	0.00
Vacation Hours	0.00
Holiday Hours	0.00
Fed'I Taxes	\$288.07
FICA	\$151.31