

ATTN: Lauren 303-736-7767

WAYNE CO DHS TAYLOR SERVICE CENTER & FAX
25637 ECORSE RD
TAYLOR MI 48180

Save time - go online!
Go to www.michigan.gov/mibridges/ to
upload requested proofs and access your case.

Case Name: Reginald Murray Jr
Case Number: 115632766
Date: 02/14/2017
MDHHS Office: WAYNE CO DHS TAYLOR SERVICE CENTER
Specialist / ID: C. Pitts / pittsc4
Phone: (313) 375-2559
Fax: (517) 346-9888
Individual ID: 74317429

Page 1 of 2

STATE OF MICHIGAN
Department of Health and Human Services

If you do not understand this, call an MDHHS office in your area.
MDHHS employees are prohibited by law from providing legal advice.
Si usted no entiende esto, llame a una oficina de MDHHS en su área.
La ley prohíbe a los empleados de MDHHS proporcionar asesoría legal.
إذا واجهت صعوبة في فهم هذا المطلب، فاتصل بمكتب MDHHS الموجود في منطقتك.
يحظر القانون على موظفي MDHHS إعطاء التوجيه القانونية.

REGINALD L MURRAY JR
APT 7
13010 PRINCETON ST
TAYLOR MI 48180

WAYNE CO DHS TAYLOR SERVICE CENTER
PO BOX 8123
ROYAL OAK MI 48068-9985



WAGE MATCH CLIENT NOTICE

The Department of Human Services is authorized to conduct computer cross-matches with other agencies to obtain information concerning public assistance eligibility. Information obtained from the Michigan Talent Investment Agency indicates that the person listed below received income that was not reported:

Employee Name	SSN	Employer
Reginald L Murray Jr	XXX-XX-7125	EMPLOYER SOLUTIONS STAFFING GR

Quarterly Income Reported
\$3,503.00

The Wage Verification on page 2 must be completed by the employer listed above. The form must be filled out entirely, signed and dated. Return the completed form or paystubs for the last 30 days to your specialist in the enclosed envelope by 03/16/2017

Failure to provide this information by the due date may result in a denial or cancellation of your public assistance benefits.

If you have questions concerning this form, contact your specialist at the number shown above.

over



11 56 32 76 60 00 00 00

Case Name: Reginald Murray Jr

Case Number: 115632766

WAGE VERIFICATION (To be completed by employer)**EMPLOYER—Please provide the information requested in sections 1-3.****Please return in the enclosed envelope to the specialist and address shown on page 1 by:**

Return Date 03/16/2017

In accordance with MCL 400.60, 400.8 and 400.83, employers are required to provide the Michigan Department of Human Services with copies of certain papers, records, and documents relevant to an inquiry or investigation conducted by the Department.

SECTION 1 - EMPLOYMENT INFORMATION

Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Previously employed <input type="checkbox"/> Never employed <input type="checkbox"/> Temporarily off (explain)	Occupation	Number of Hours Expected to Work <input type="checkbox"/> per week <input type="checkbox"/> per pay period				
	Date Employment Began	Rate of Pay \$	<input type="checkbox"/> Hour <input type="checkbox"/> Piece <input type="checkbox"/> Salary	Differential Pay \$	<input type="checkbox"/> Hour <input type="checkbox"/> Shift	Day of Week Paid
<input type="checkbox"/> Laid off <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Other (explain)	Date of Last Paycheck	Type of Employment <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	How Often Paid <input type="checkbox"/> Weekly <input type="checkbox"/> Twice monthly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Other		Are tips/bonus/commission received? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Date Employment Ended or Is Expected to End	Are they included in gross? <input type="checkbox"/> Yes <input type="checkbox"/> No		Average Amount \$		<input type="checkbox"/> per week <input type="checkbox"/> per pay period

SECTION 2 - INCOME INFORMATION

Please complete the following information about each pay received during the period specified below. (Use computer printout or additional paper to add comments, if necessary.)

From: 07/01/2016				To: Present			
Date Received	Gross Income	Amount of Tip, Bonus or Commission If Not Included in Gross	Hours Worked	Date Received	Gross Income	Amount of Tip, Bonus or Commission If Not Included in Gross	Hours Worked

SECTION 3 - SIGNATURE/BUSINESS INFORMATION

Business Name	Days and Hours of Operation	
Business Address		
Name of Person Completing Form (Please Print)	Business Telephone Number	Employer Federal ID (FEIN)
Signature of Person Completing Form	Title of Person Completing Form	Date Signed
Anyone who makes a false statement in order to obtain, or help another obtain, assistance for which he/she is not eligible is subject to legal penalties. If the amount of assistance involved is more than \$500, the violator is guilty of a felony; if the amount is \$500 or less, the violation is a misdemeanor.		

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

"USDA is an equal opportunity provider and employer."

AUTHORITY: MCL 400.8, MCL 400.83, MCL 400.60

COMPLETION: Required

PENALTY: Failure to complete this form could result in issuance of a subpoena.

DHS-4638 (Rev. 9-16) Bridges