



Authorization for Release of Employment Information

Date:

3/21/2016

Case number:

1321972

To:

Corporate Management Group
404 Broadway Ave.
Saint Paul Park, MN 55111

Worker name: Nub Yang

Agency name: Ramsey County

Agency address: 160 Kellogg Blvd. Room 4800

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

Worker phone: (651) 266-4978

Fax: (651) 266-3707

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

Person name:

Thomas Yang

Social Security number:

XXX-XX-7844

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 X Thomas Yang	DATE X 3-21-2016	Original copy for agency
SIGNATURE OF SPOUSE/GUARDIAN/AUTHORIZED REPRESENTATIVE	DATE	Provide copy to client

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 <i>Thomas Yang</i>	SOCIAL SECURITY NUMBER <i>469-47-7844</i>	CASE NUMBER <i>1321972</i>
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Employment period:	DATE BEGAN/EXPECTED TO BEGIN <i>3/14/2016</i>	DATE ENDED/EXPECTED TO END —	IF ENDED, DATE LAST PAID
REASON ENDED <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary	EXPLAIN: <i>currently working</i>		GROSS AMOUNT

Pay rate: \$ *9.50* /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: _____, _____, _____

What was the date of the first pay check received? *3/23/2016*

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

Work Schedule:

SUN	MON	TUES	WED	THUR	FRI	SAT
	<i>2:30pm - done</i>					

Attach verification of income earned, itemized by pay period, or complete the table below.

Note: For future months, anticipate income.

Date received	Income received (Record only those wages which you are reasonably certain the employee will be paid.)						
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>Mailee Vangzorate</i>	COMPANY/BUSINESS NAME <i>Corporate Management Group</i>	
FEIN <i>20-1535646</i>	PHONE NUMBER <i>609-666-3883</i>	DATE <i>3/21/2016</i>