OFS 87 Rev. 10/14 09/12 Issue Obsolete

## Louisiana Department of Children and Family Services Current, Past Or Anticipated Wage Verification Letter

P. O. Box 260031 Baton Rouge, LA 70826-0031

			; ;						
		Employee Name							
		Date							
	Please have the above-named person's employer complete the form on the back of this letter.								
	Xin vui lòng có người trên mang tên của người sử dụng lao động hoàn thành các hình thức trên mặt sau của lá thư này.								
	Por favor, tenga empleador de la persona antes mencionado de rellenar el formulario en la parte de atrás de esta carta.								
	We must verify current or anticipated income to determine eligibility of the above-named person for assistance. This inquiry is being made with his consent. Your assistance in providing this information would be appreciated. A form is provided on the back of this letter for your convenience. If the above-named person has not actually started working, please anticipate as accurately as possible what his wages will be.								
	We are reviewing the past participation of the above-number we must have certain exact information to complete o		Program.						
	We understand that the above-named person was employed by your firm during the period from through We must have exact gross amounts								
	earned during each pay period. (A form is provided on the back of this letter for your convenience in providing this information.) Please check the social security number and name against your records.								
	We have contacted your employer,		concerning your employment						
	there from to Our inquiries have not been answered and we are unable to determine the actual earnings which you received. We are requesting that you contact your employer and have him complete the form on the back of this letter.								
	Chúng tôi đã liên lạc với người sử dụng lao động của ở đó từ đến Yêi trả lời và chúng tôi không thể tính toán các khoản thu liên hệ với chủ nhân của bạn và anh ta đã hoàn thành	u cầu của chúng tôi đã không nhập thực tế mà bạn nhận đu	่ được rợc. Chúng tôi yêu cầu bạn						
	Homes contacted acon su employeder	aon roonaata a au am	nlao allí danda						
	a	nvestigaciones no han sido c recibió. Estamos pidiendo qu	ontestadas y no somo						
	ase return this information to the address shown above because it is a second to the address shown above because the address shown above because it is a second to the address shown above because it is a second to the address shown above because it is a second to the address shown above because it is a second to the address shown above because it is a second to the address shown above because it is a second to the address shown above because it is a second to the address shown above because i	oy If you ha	ve any questions, please call						
	vui lòng trở lại thông tin này đến địa chỉ được hiển thị tré vui lòng gọi Cảm ơn bạn đã hợp		lếu bạn có bất kỳ câu hỏi nào,						
	favor envíe esta información a la dirección arriba indica favor llame al Gracias por su coop		i usted tiene alguna pregunta,						

NOTE: As a state agency, the Department of Children and Family Services is prohibited from paying for the release of information.

A.	Name of Employe	e:	SSN:						
	Address of Employee:								
	Name of Employe	\r·							
Date Employment Started: or Expected to Start:									
B.	If no longer employed, what was the last day worked?								
	Reason no longer employed:								
	Date Last Check Received: Gross Amount of Last Check:								
C.	Check how often employee is (was or will be) paid (i.e. PAY PERIOD).  Weekly Twice Monthly (pay dates Monthly (pay dates Nother employee paid by Direct Deposit? Yes No								
D.	If employment is new:								
Number of hours expected to work per WEEK per PAY PERIOD									
	Hourly rate of pay								
		of overtime expected to			per PAY	PERIOD _			
		rtime pay		MEEK		DEDIOD			
		ed to be received, amo							
		amount of first check:	<del>_</del> '	· · · · · · · · · · · · · · · · · · ·					
Anticipated gross amount of first check:									
E.	•	eated change in the nur				Date of Change	e		
	• •	nge is anticipated?			DAY 5551				
		expected to work per \			per PAY PERI	ор			
		rtime nov							
		rtime pay:							
F.	Has the employee voluntarily and without good cause quit or reduced their work hours in order to work less than 30 hours per week?								
	☐ Yes ☐ No If yes, explain:								
G. Complete the following to show:									
	Gross income for the last four consecutive pay periods								
	☐ Wages from	h additional page(s) if r	to	roquirod \					
(Please attach additional page(s) if more space is required.)  Date Wages  Date Wages									
Pay	Period Ending	Received or Anticipated	Hours Worked	Hourly Pay Rate	(Before Deductions)	Tips Received	Income Tax Credit		
			+						
H. Are you aware of any other income this person may be receiving such as other wages, compensation, insu									
benefits or pensions?									
Yes No If yes, source and amount, if known:									
Date Signed Employer's Signature Employer's Phone Number									
Date Signed Employer's Stripted Employer's Priorie Num							ione inumber		