

**South Carolina Department of Social Services
REQUEST FOR WAGE INFORMATION**

PLEASE RETURN BY: _____

From: (County name and address)	Employee Name:
	Last 4 Digits of Employee's Social Security Number: XXX-XX- _____
County Telephone Number:	Case Name: (If different from Employee Name)
County Fax Number:	Case Number:
To: (Name of employer)	Employer Telephone Number:
Address of Employer:	Employer Fax Number:

Signature of Authorized Agency Official

Date

I understand the Department of Social Services considers my income in determining my family's eligibility for assistance. I hereby authorize my employer to release the following information about my wages.

Employee Signature: _____ Date: _____

Items are to be completed by employer for dates _____ through _____

- Date employment began: _____. If this is a new job, date first check was or will be received: _____
- Employee is paid: Weekly Biweekly Semimonthly Monthly Other: _____
- Hours expected to work per pay period after training period ends: _____ Wages per hour: _____
- If not paid hourly, wages expected **per pay period**: _____ Is this seasonal employment? Yes No
- Date(s) _____ OR Day of the week pay is usually received by employee: Mon Tues Wed Thurs Fri Sat Sun
- Other expected earnings not included above (tips, commissions, etc.): _____
- Do you anticipate any changes in hourly rate or work hours? Yes No

If yes, please indicate change and expected date of change: _____

List wage information below: Gross pay refers to the total wages earned before any deductions and includes the employee share of social security paid by the employer for the employee.

Date Pay Period Ends	Date Pay Received	Hours Worked	Gross Pay	Tips, Bonus, Commission not included in gross	Any Benefits, Workman's Compensation, Disability, Maternity		Sick, Severance, Vacation Pay	
					Type	Amount	Type	Amount

If employee is on leave or laid off, please indicate type of leave: _____ Date of final check: _____

Gross amount of final check: _____ Date employee is expected to return to work: _____

If employment has terminated, please indicate reason employment ended: _____

Date of final check: _____ Gross amount of final check: _____

Signature and Title of Person Providing Information: _____

Telephone: _____ Date Signed: _____

