



PO Box 5234  
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### Request for Employment Information

# EI

TO: \_\_\_\_\_ DATE: \_\_\_\_\_  
 \_\_\_\_\_ EMPLOYER'S NAME: \_\_\_\_\_  
 \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_  
 \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 FEIN: \_\_\_\_\_  
 OCCUPATION: \_\_\_\_\_ E.S. SPECIALIST: \_\_\_\_\_  
 LOCATION OF WORK: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

An investigation is being made to determine eligibility for assistance and/or legal residence. In order that we may make proper disposition, it is necessary that we obtain the employment information indicated below. Please complete and return promptly. Thank you in advance for your cooperation. **DUE DATE:** \_\_\_\_\_

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Period employed: From \_\_\_\_\_ to \_\_\_\_\_

If no longer employed reason for termination: \_\_\_\_\_

- Date final check was/will be received: \_\_\_\_\_
- Pay period covered by last check: \_\_\_\_\_
- Will supplemental Unemployment Benefits be paid? \_\_\_\_\_  
 If yes, number of weeks \_\_\_\_\_ / Amount per week \_\_\_\_\_

Monthly gross earnings for year 20\_\_\_\_\_. (Fill in only months checked.)

Jan.-\$ \_\_\_\_\_  April-\$ \_\_\_\_\_  July-\$ \_\_\_\_\_  Oct.\$ \_\_\_\_\_  
 Feb.-\$ \_\_\_\_\_  May-\$ \_\_\_\_\_  Aug.-\$ \_\_\_\_\_  Nov.\$ \_\_\_\_\_  
 Mar.-\$ \_\_\_\_\_  June-\$ \_\_\_\_\_  Sept.-\$ \_\_\_\_\_  Dec.\$ \_\_\_\_\_

Total earnings for 20\_\_ - Gross \_\_\_\_\_ To what date? \_\_\_\_\_  
 Total earnings for 20\_\_ - Gross \_\_\_\_\_ To what date? \_\_\_\_\_  
 Total earnings for 20\_\_ - Gross \_\_\_\_\_ To what date? \_\_\_\_\_

Date of first Payroll check: \_\_\_\_\_  Are sick benefits being paid to the employee?  
 Pay period covered by first check: \_\_\_\_\_ Supplemental benefits, fund? (Coverage, date began,  
 How often paid? \_\_\_\_\_ how long eligible?) \_\_\_\_\_  
 Day of week paid? \_\_\_\_\_  Major Medical Insurance: (Coverage, name of carrier)  
 Hourly wage: \_\_\_\_\_ \_\_\_\_\_  
 Number of hours employed per week: \_\_\_\_\_ Begin Date \_\_\_\_\_ End Date \_\_\_\_\_  
 Does employee have credit union savings? \_\_\_\_\_ Indicate:  Family Plan or  Individual Plan  
 Bond purchases, profit sharing funds or other savings plans? \_\_\_\_\_  Is Workmen's Comp. Being paid to employee?  
 Life Insurance: \_\_\_\_\_ (Date, amount, name of carrier) \_\_\_\_\_

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SIGNATURE AND TITLE OF PERSON REPORTING      DATE      PHONE NUMBER      FAX NUMBER