## VERIFICATION OF EMPLOYMENT State of Michigan Department of Human Services

MCL 400.60) PENALTY: Failure to complete th	nded (MCL 400.8, MCL 400.83, is form could result in issuance	of a	In accordance with the provisions of 1939 P.A. 280 (Me 400.83), employers are required to provide the Mic Human Services with copies of certain papers, reco						nigan De rds, and	partment of documents	
subpoena.  COMPLETION: Required		ı	relevant to	an inquir	or inves	tigation co	onducted t	by the D	Departme	nt.	
		,									
					Grant	ee Name					
Complete business name and a	ddress.				BOB	SIMPS	ON				
					Case	Number					
METTED						KXXXXX ee Client			ate		
MEIJER						0000	טו	Di	ale		
					Coun		rict Se	ection	Unit	Specialist	
Ī											
Consultations (Table comple	ted by Cresialist										
General Information: (To be comple	ted by Specialist)										
Specialist (Name)		Pho	one Numb	er			Fax Nun	nber			
YOUR NAME County Office (Name and Address)		(	)				( )				
TRAINING OFFICE 1											
Employee Name			Social S	ecurity Nu	mber						
BOB SIMPSON	-t-\		XXX-XX-XXXX				Zin Cod	1-			
Address (Number and Street Name, A	ot., etc.)		City	ty			5	State		Zip Code	
EMPLOYER—Please provid	e the information requ	ested ir	n the fo	llowina	sectio	ns mar	ked wit	h an ì	X.		
Please return in the enclosed											
			_								
SECTION 1 - EMPLOYM	·	To Be									
Employment Status	Occupation	To Be	Number	eted By of Hours	Expecte	d to Wor	k				
Employment Status  Employed	Occupation STOCK PERSON	То Ве	Number 25	of Hours	Expecte	d to Wor			er pay per		
Employment Status  Employed  Previously employed	Occupation STOCK PERSON Date Employment Began	To Be	Number 25 Rate of	of Hours	Expecte per	ed to Wor week	k fferential l		Da	y of	
Employment Status  Employed  Previously employed  Never employed	Occupation STOCK PERSON Date Employment Began 08/01/2006	To Be	Number 25	of Hours	Expecte per	ed to Wor week Dit		Pay	Da Wo	ny of eek	
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Employment Status  Employed  Previously employed  Never employed  Temporarily off (explain)	Occupation STOCK PERSON  Date Employment Began 08/01/2006  Date of First Paycheck	To Be	Number 25 Rate of \$ 7.4	Pay 10	Expecte per Pie Sal	week Diffur ce \$ ary	fferential I	Pay  Ho	our Pa	y of eek iid eived?	
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Employment Status  Employed  Previously employed  Never employed  Temporarily off (explain)  Laid off  Quit	Occupation STOCK PERSON  Date Employment Began 08/01/2006  Date of First Paycheck  First Check Full First Check Partial  Date Employment Ended or Expected to End	r Is	Number 25 Rate of \$ 7.4	Pay Len Paid Weekly Fwice money	Expecte per Pie Sal	d to Wor week  Dit ur ce \$ ary  Are tips  Are the	fferential I s/bonus/c Yes y included	Pay Homeonics ommiss d in gro	our Pathift Sion rece	eek sid No No week	
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Employment Status  Employed  Previously employed  Never employed  Temporarily off (explain)  Laid off  Quit Fired Other (explain)  Type of Employment Permanent Temporary  Date of Last 4 <sup>TH</sup> FRIDE  SECTION 2 - INSURANC	Occupation STOCK PERSON  Date Employment Began 08/01/2006  Date of First Paycheck  First Check Full First Check Partial  Date Employment Ended or Expected to End 3RD FRIDAY LAST MODE  Paycheck SY LAST MONT  SUN  CE / RETIREMENT INF	r Is NTH nated Wo	Number 25 Rate of \$ 7.4  How Off	Pay 10 ten Paid Weekly Fwice mon Every 2 we Monthly Other ule (exam	Expecte per Pie Sal	d to Worweek Ditur ce \$ ary Are tips Are the Averag \$ 5 p) ed	fferential I s/bonus/c Yes y included Yes e Amount Thurs	Pay  Homeonics  Gingro	Da Wood Pa hift Sion rece	eek  eived?  No  No  week  pay period	
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Employment Status  Employed Previously employed Never employed Temporarily off (explain)  Laid off Quit Fired Other (explain)  Type of Employment Permanent Temporary  SECTION 2 - INSURANC Does employer offer health plan? Yes No	Occupation STOCK PERSON  Date Employment Began 08/01/2006  Date of First Paycheck  First Check Full First Check Partial  Date Employment Ended or Expected to End 3RD FRIDAY LAST MOD  Paycheck Estin Y LAST MONT  SUN  CE / RETIREMENT INF Is health plan available to employee? Yes N	r Is  NTH  mated Wo  FORMA	Number 25 Rate of \$ 7.4  How Off	Pay 10  ten Paid Weekly Twice mon Every 2 we Monthly Other ule (exam Tues  To Be (an Premi	Expecte per Price Sal  thly eeks  ple 9 a - We  Compl um (ever	Are tips Are table Averag \$ 5 p) eted B if not en	s/bonus/cc Yes y included Yes e Amount Thurs  y Employed prolled) ay   of	Pay Si ommis d in gro	our Pahift Sion rece	eek eived? No No week pay period	
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Employment Status    Employed     Previously employed     Never employed     Temporarily off (explain)     Laid off     Quit     Fired     Other (explain)     Temporary     SECTION 2 - INSURANCE     Does employer offer health     plan?   Yes   No     Is anyone, other than the employee, covered under any     plan?   Yes   No	Occupation STOCK PERSON  Date Employment Began 08/01/2006  Date of First Paycheck  First Check Full First Check Partial  Date Employment Ended or Expected to End 3RD FRIDAY LAST MONT  Paycheck SUN  CE / RETIREMENT INF Is health plan available to employee? Yes N	r Is  NTH  mated Wo  No  nsurance cover Emplement Medica	Number 25 Rate of \$ 7.4  How Off Scheduler Sch	Pay 10  ten Paid Weekly Twice mon Every 2 we Monthly Other ule (exam Tues  To Be (an Premi	Expecte per Price Sal  thly eeks  ple 9 a - We  Compl um (ever	Are tips Are teed B if not en per	s/bonus/cc Yes y included Yes e Amount  Thurs  y Emploration ay of have cafe	Pay  Howeled the second of the	our Pa hift sion rece per per per	eek eived? No No week pay period	
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Employment Status    Employed     Previously employed     Never employed     Temporarily off (explain)     Laid off     Quit     Fired     Other (explain)     Type of Employment     Permanent     Temporary     SECTION 2 - INSURANCE     Does employer offer health     plan?   Yes   No     Is employee enrolled in health     plan?   Yes   No     Is anyone, other than the     employee, covered under any     plan?   Yes   No     Is employee, covered under any     plan?   Yes   No     Is employee, covered under any     plan?   Yes   No     Is employee, who?	Occupation STOCK PERSON  Date Employment Began 08/01/2006  Date of First Paycheck  First Check Full First Check Partial  Date Employment Ended or Expected to End 3RD FRIDAY LAST MONT  Paycheck SY LAST MONT  SE / RETIREMENT INF Is health plan available to employee? Yes N  If Yes ->  If Yes ->  CE	FORMA No nsurance cover Emp Medica Dental Vision None	Number 25 Rate of \$ 7.4 How Off	Pay 10 ten Paid Weekly Twice mon Every 2 we Monthly Other ule (exam Tues To Be ( an Premi	Expected per	Are tips Are tips Are tags Are tags Are tags Are tags Are tags From tags Are tags Ar	s/bonus/colors/c	Pay  Howeled the state of the s	our Pa hift sion rece per per per	eek sid  eived? No  No  week pay period  Sat  efit plan?	

SECTION 3 - INCOME INFORMATION				Grantee Name							
Employer: Please complete the following information about each pay received during the period specified below.  (Use additional paper or computer printout if necessary.)			BOB SIMPSON								
			n about each	Case Number  XXXXXXXXX							
			, )								
			•,								
From: LAST	30 DAYS			То:							
Date Received	Gross Income	Amount of Tip, Bonus or Com- mission If Not Included in Gross	Hours Worked	Date Received	Gros Incon			Com- Hours If Not Worked			
Each Fri.	\$185	0	25								
of last mo											
OI TASE MO											
CECTION	4 DICABILITY	V / WODKEDS O	OMDENCA	TION INCORM	IATION /T	'a Da (	? a ma milata d	D., C			
	4 - DISABILITY isability benefits paid	Y / WORKERS C		er Who Paid These		о ве с	Sompleted	Бу Е	mpioyer)		
specified in Section	n 3?	a during the period	Name of moun	el villo Falu Tilese	Denenis						
⊠ No	☐ Yes										
From:			Address (Num	ber and Street Name	e)						
To:			City			State		Zip Co	de		
Was Worker's Con	npensation paid duri	ng the period	Date Awarded			Amour	t Awardad				
specified in Section 3?  ☑ No ☐ Yes		Date Awarded			Amount Awarded			eekly			
						\$					
From: To:			Is Worker's Compensation claim pending?								
							Yes				
			Date Filed				Next Court Date				
□ SECTION	5 - ADDITION	AL INFORMATIO	N/COMME	NITO							
SECTION 5 - ADDITIONAL INFORMATION/C											
Additional Information Requested		Employer's Response (To Be Completed By Employer)									
Employer's Comm	ents										
<b>⊠</b> SECTION	6 - SIGNATUR	RE/BUSINESS IN	<b>IFORMATIC</b>	N (To Be Cor	npleted B	y Emi	oloyer)				
Business Name				Days and Hours of Operation							
MEIJER CORP			24 HOURS A DAY, 7 DAYS A WEEK								
Business Address											
3333 GRAND	RIVER AVE LA	NSING MI 4893	3								
Name of Person Completing Form (Please Print)			Business Telepho		Employer Federal ID (FEIN)						
THE BIG BOSS				(517) 555-1		38-1234567					
Signature of Person Completing Form				Title of Person C		Date Signed					
			MANAGER TODAY to obtain, or help another obtain, assistance for which he/she is no								
		nalties. If the amo			more than S	⊅5UU, tl	ne violator is	guilty	от а		
		less, the violation			100 001 r=!!=':	0 000 = -	tional arial-	ar bai-t-	woight manifest		
status, political belief	s or disability. If you no	will not discriminate again eed help with reading, wri	ting, hearing, etc.,	or group because of raunder the Americans v	vith Disabilities	n, age, na Act, you a	re invited to mak	e your ne	eds known to a		
DHS office in your ar		and ample "									
The USDA is an equ	ial opportunity provider	and employer.									