**Employer Confirmation of Earnings and Hours for Client**

Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

**Use of form:** This form must be completed by the employer. Wisconsin Statutes s. 49.001(9) and s. 49.143(5)(a) authorize the local agency to request this information from any person that it determines appropriate and necessary for the administration of the program. Please provide this information within 7 days after receiving this request.

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| **Employer Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employer Name | | | | | | | | | | | | | | | | | | | | | | | | FEIN | | | | | | | | |
| Employer Address (Street, City, State, Zip Code) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employee Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee Address (Street, City, State, Zip Code) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| In order to properly determine eligibility for Wisconsin Shares benefits, it is necessary to obtain and verify employment information about the employee named above. Please furnish the information requested below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date Employment Started | | | | | | | | Date of First Paycheck | | | | | | | | | | | Date of Last Day of Employment | | | | | | | | | | | | | |
| Date of Last Paycheck | | | | | | | | Hourly Pay Rate  $ | | | | | | | | | | | Number of Hours Worked Per Week | | | | | | | | | | | | | |
| Pay Frequency  Weekly  Bi-weekly  Bi-monthly  Monthly  Other – Specify: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Work Shift** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Enter actual punch-in and punch-out times if available. If unavailable, enter the standard **work schedule.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Enter Work Schedule | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Time | | | Sunday | | | Monday | | | Tuesday | | | | | Wednesday | | | | Thursday | | | | | Friday | | | | | | | Saturday | | |
| Start Time | | |  | | |  | | |  | | | | |  | | | |  | | | | |  | | | | | | |  | | |
| End Time | | |  | | |  | | |  | | | | |  | | | |  | | | | |  | | | | | | |  | | |
| **Gross Pay** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Provide gross pay (before taxes or other deductions) each month for the current year. Please provide earnings for previous year. Note: A computer printout can be used to provide the wage and hourly information. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Indicate below the gross amount paid each month for the **CURRENT** year     . | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **January** | | | **February** | | | | | **March** | | | | | | **April** | | | | **May** | | | | | | | | | **June** | | | |
| **Week** | | **Gross** | | **Hours** | **Gross** | | **Hours** | | | **Gross** | | | **Hours** | | | **Gross** | **Hours** | | | **Gross** | | | | | | **Hours** | | | **Gross** | | **Hours** | |
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|  | | **July** | | | **August** | | | | | **September** | | | | | | **October** | | | | **November** | | | | | | | | | **December** | | | |
| **Week** | | **Gross** | | **Hours** | **Gross** | | **Hours** | | | **Gross** | | | **Hours** | | | **Gross** | **Hours** | | | **Gross** | | | | | | **Hours** | | | **Gross** | | **Hours** | |
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| Check the appropriate boxes. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes  No Did the employee have any paid approved time off during the time frame of      ? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If “Yes”, what is the time frame of paid approved time off? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes  No Did you expect the employee to return to work after the approved time off? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (If applicable) Gross amount paid each month: $ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Indicate below the gross amount paid each month for the **PREVIOUS** year     . | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **January** | | | **February** | | | | | **March** | | | | | | **April** | | | | **May** | | | | | | | | | **June** | | | |
| **Week** | | **Gross** | | **Hours** | **Gross** | | **Hours** | | | **Gross** | | | **Hours** | | | **Gross** | **Hours** | | | **Gross** | | | | | | **Hours** | | | **Gross** | | **Hours** | |
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|  | | **July** | | | **August** | | | | | **September** | | | | | | **October** | | | | **November** | | | | | | | | | **December** | | | |
| **Week** | | **Gross** | | **Hours** | **Gross** | | **Hours** | | | **Gross** | | | **Hours** | | | **Gross** | **Hours** | | | **Gross** | | | | | | **Hours** | | | **Gross** | | **Hours** | |
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| Indicate what type of paid leave (select all that apply):  Sick leave  Disability  Worker’s Compensation  Vacation / personal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signature** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **PRINT NAME** – Representative Completing Form | | | | | | | | | |  | Title | | | | | | | | | | | | | | |  | Telephone Number | | | | |
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|  | **SIGNATURE** – Representative Completing Form | | | | | | | | | | | | | | | | | | | |  | Date Signed | | | | | | | | | |  |
| Please complete this form within seven (7) days and return via  Mail  Fax  E-mail to: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| State Agency Worker Name | | | | | | | | | | | | | | | State Agency Worker Title | | | | | | | | | | | | | | | | | |
| State Agency Address | | | | | | | | | | | | | | | | | | | | | | | | | State Agency Telephone Number | | | | | | | |
| State Agency Email Address | | | | | | | | | | | | | | | | | | | | | | | | | State Agency Fax Number | | | | | | | |
| Additional Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |