INGHAM COUNTY DHS
PO BOX 30088
LANSING MI 48909

Save time - go online!
Go to www.michigan.gov/mibridges/ to
upload requested proofs and access your case.

Case Name: **Jasmine Casarez**
Case Number: **100186091**
Date: **11/19/2018**
MDHHS Office: **INGHAM COUNTY DHS**

Specialist / ID: **C. Presdorf / presdorfc**
Phone: **(517) 887-9528**
Fax: **(517) 346-9888**
Individual ID: **65784863**

STATE OF MICHIGAN
Department of Health and Human Services

If you do not understand this, call an MDHHS office in your area.
MDHHS employees are prohibited by law from providing legal advice.
Si usted no entiende esto, llame a una oficina de MDHHS en su área.
La ley prohíbe a los empleados de MDHHS proporcionar asesoría legal.
إذا واجهت صعوبة في فهم هذا الطلب، فاتصل بمكتب MDHHS الموجود في منطقتك.
يحرّم القانون على موظفي MDHHS إعطاء النصيحة القانونية.

INGHAM COUNTY DHS
PO BOX 8123
ROYAL OAK MI 48068-9985

VERIFICATION OF EMPLOYMENT

EMPLOYER—Please provide the information requested on this form.

Please return in the enclosed envelope to the specialist and address above by: Return Date 11/29/2018

Employee Name	Social Security Number
Jasmine L Casarez	XXX-XX-8072

In accordance with the provisions of 1939 P.A. 280 (MCL 400.60 and 400.83), employers are required to provide the Michigan Department of Human Services with copies of certain papers, records, and documents relevant to an inquiry or investigation conducted by the Department.

The Family Educational Rights and Privacy Act (FERPA) prevents the release of student employment information without written authorization from the student. The student signature below authorizes the release of the employment information requested below to the Department of Human Services.

Student Employee Signature (for students age 18 or older)	Date

SECTION 1 - EMPLOYMENT INFORMATION (To Be Completed By Employer)

Employment Status
- [x] Employed
- [ ] Previously employed
- [ ] Never employed
- [ ] Temporarily off (explain)
- [ ] Laid off
- [ ] Quit
- [ ] Fired
- [ ] Other (explain)

Occupation: Outbound Tele Sales

Date Employment Began:

Date of First Paycheck:

- [ ] First Check Full
- [ ] First Check Partial

Date Employment Ended or Is Expected to End: —

Number of Hours Expected to Work: 40 [x] per week [ ] per pay period

Rate of Pay: $ 11.00 [x] Hour [ ] Piece [ ] Salary

Differential Pay: $ [ ] Hour [ ] Shift

Day of Week Paid: Tuesday

How Often Paid
- [x] Weekly
- [ ] Twice monthly
- [ ] Every 2 weeks
- [ ] Monthly
- [ ] Other

Are tips/bonus/commission received? [x] Yes [ ] No

Are they included in gross? [x] Yes [ ] No

Average Amount: $ varies [x] per week [ ] per pay period

Type of Employment
- [x] Permanent
- [ ] Temporary

Date of Last Paycheck: —

Estimated Work Schedule (example 9 a – 5 p)

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
	9a-5p	9a-5p	9a-5p	9a-5p	9a-5p	

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SECTION 2 - INSURANCE / RETIREMENT INFORMATION (To Be Completed By Employer)

Does employer offer health plan? ☐ Yes ☑ No	Is health plan available to employee? ☐ Yes ☑ No	Health Plan Premium (even if not enrolled) $ ☐ per pay ☐ other
Is employee enrolled in health plan? ☐ Yes ☐ No If Yes →	Insurance Contracts that Cover Employee	Does employee have cafeteria-style benefit plan? ☐ Yes ☐ No
Is anyone, other than the employee, covered under any plan? ☐ Yes ☑ No If yes, who? Which type of coverage?	☐ Hospital ☐ Vision ☐ Medical ☑ None ☐ Dental	Name(s) of Insurance Company(s)
Does employee have 401K or other retirement plan? ☐ Yes ☑ No	Does / did employee participate in stock, bond, credit union, deferred compensation, retirement or other resource development plan? ☐ Yes - If Yes → Type ☑ No	Amount of Deduction $

SECTION 3 - INCOME INFORMATION

Employer: Please complete the following information about each pay received during the period specified below.
(Use additional paper or computer printout if necessary.)

From: 10/14/2018				To:			
Date Received	Gross Income	Amount of Tip, Bonus or Commission If Not Included in Gross	Hours Worked	Date Received	Gross Income	Amount of Tip, Bonus or Commission If Not Included in Gross	Hours Worked
	See attached						

SECTION 4 - DISABILITY / WORKERS COMPENSATION INFORMATION (To Be Completed By Employer)

Were medical or disability benefits paid during the period specified in Section 3? ☐ No ☐ Yes From: To:	Name of Insurer Who Paid These Benefits		
	Address (Number and Street Name)		
	City	State	Zip Code
Was Worker's Compensation paid during the period specified in Section 3? ☐ No ☐ Yes From: To:	Date Awarded	Amount Awarded $	☐ Weekly ☐ Monthly
	Is Worker's Compensation claim pending? ☐ No ☐ Yes		
	Date Filed	Next Court Date	

SECTION 5 - ADDITIONAL INFORMATION/COMMENTS

Additional Information Requested	Employer's Response (To Be Completed By Employer)

Employer's Comments

SECTION 6 – SIGNATURE/BUSINESS INFORMATION (To Be Completed By Employer)

Business Name: THE LABOR LAW POSTER SERVICE Business Address: 5859 W. Saginaw Hwy., #343 Lansing, MI 48917	Days and Hours of Operation: Mon-Fri. 8:30a-8:00p	Employer Federal ID (FEIN): 83-2290181
Name of Person Completing Form (Please Print): Michael Bishop	Business Telephone Number: (517) 321-4144	Business Fax Number: (517) 321-9441
Signature of Person Completing Form	Title of Person Completing Form: Operations Mgr.	Date Signed: 11/19/18

Anyone who makes a false statement in order to obtain, or help another obtain, assistance for which he/she is not eligible is subject to legal penalties. If the amount of assistance involved is more than $500, the violator is guilty of a felony; if the amount is $500 or less, the violation is a misdemeanor.

"The USDA is an equal opportunity provider."	Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

AUTHORITY: 1939 PA 280 as amended (MCL 400.83, MCL 400.60) **COMPLETION:** Required
PENALTY: Failure to complete this form could result in issuance of a subpoena.