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|  | **REQUEST FOR CASH EARNINGS INFORMATION**  State Form 57233 (3-23)  FAMILY AND SOCIAL SERVICES ADMINISTRATION  Office of Early Childhood and Out of School Learning  Child Care and Development Fund (CCDF) or  On My Way Pre-K Voucher Program | | **NOTICE OF CONFIDENTIALITY**  The information obtained on this form is confidential under federal regulations, including 45 CFR 98.15(b)(13). The information will not be released except as permitted or required by law or with the consent of the applicant/recipient. |
| Applicant Signature: | | | |
| Printed Name: | | Date: | |
| **To Employer:**  The information being requested is necessary to determine eligibility for participation in the Child Care and Development Fund (CCDF) or On My Way Pre-K Voucher Program. The Family and Social Services Administration (FSSA) is required by law to verify earned income in the determination of eligibility for this assistance.  Your cooperation is needed in providing the information. Thank you in advance for your prompt attention and cooperation. | | | |

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| ***Employer Information*** | | | | | | | |
| Name of Employer | | | | | | | |
| Street Address | | | | City, State and ZIP Code | | | |
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| ***Enter the earnings information requested below for each pay period in the months indicated*** | | | | | | | |
| Month of: | | | | Month of: | | | |
| **Date Paid** | **Gross Amount** | **Tips, if any** | **Hours Worked** | **Date Paid** | **Gross Amount** | **Tips, if any** | **Hours Worked** |
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| Date of Hire:      /     / | Is Employee Still Employed?  Yes  No | If no, last date of employment:      /     / | |
| Signature of individual completing form: | | | Date: |
| Title of individual completing form: | | | Telephone: (     ) |