



Date: _____

Dear _____

I am
Ministry of Social Development and Poverty Reduction.

I am requesting information for the person named on the attached Confirmation of Earnings form. This information is requested under the authority of Section 10 of the *Employment and Assistance Act*, or Section 10 of the *Employment and Assistance for Persons with Disabilities Act*.

A consent to release this information is

Please complete the attached form and return it by fax or by mail to the number or address shown on the form, using a separate form for each year.

Please note that the requested information is for net earnings after standard payroll deductions for income tax, employment insurance, medical insurance, Canada Pension Plan, superannuation, company pension plan and union dues. Any other deductions, such as for meal allowances, advances, or other discretionary amounts should be included in net earnings.

I would appreciate it if you would treat this matter confidentially. If you have any questions, please contact me at the phone number below.

Thank you for your assistance.

Sincerely,

Telephone _____

Employment and Assistance Act / Employment and Assistance for Persons with Disabilities Act: Section 10
10 (1) For the purposes of (a) determining whether a person wanting to apply for income assistance/disability assistance or hardship assistance is eligible to apply for it, (b) determining or auditing eligibility for income assistance / disability assistance , hardship assistance or a supplement, ... the minister may do one or more of the following: ... (f) seek verification of any information supplied to the minister by a person referred to in paragraph (a), an applicant or a recipient ...



CONFIRMATION OF EARNINGS

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the *Employment and Assistance Act* and/or the *Employment and Assistance for Persons with Disabilities Act*. Disclosure of personal information is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. Any questions should be directed to Prevention and Loss Management Services.

CONFIRMATION OF EARNINGS OF: Name _____

In regards to the above-named person, please provide the information requested below, then return this form to :

Ministry of Social Development and Poverty Reduction, attention: _____

By fax to: _____ or by mail to: _____

EMPLOYMENT INFORMATION IS REQUESTED FOR THE PERIOD OF _____ **TO** _____

Start Date _____ Employment Status Still Employed Laid off Quit Fired Medical Leave Other

End Date _____ Employment is/was Full time Part Time Seasonal Casual

Were / are contributions made to Employment Insurance? Yes No

If not currently working, do you expect to employ the person again during the next 12 months? Yes No Possibly

If yes, please provide details of expected start date and terms (e.g. hours/wage)

Net Earnings: *Please enter pay dates and net earnings after deductions for income tax, EI, medical insurance, CPP, superannuation, company pension and union dues.*

YEAR	PAY DATE	AMOUNT	PAY DATE	AMOUNT	PAY DATE	AMOUNT	PAY DATE	AMOUNT
JANUARY	Jan	\$	Jan	\$	Jan	\$	Jan	\$
FEBRUARY	Feb	\$	Feb	\$	Feb	\$	Feb	\$
MARCH	Mar	\$	Mar	\$	Mar	\$	Mar	\$
APRIL	Apr	\$	Apr	\$	Apr	\$	Apr	\$
MAY	May	\$	May	\$	May	\$	May	\$
JUNE	Jun	\$	Jun	\$	Jun	\$	Jun	\$
JULY	Jul	\$	Jul	\$	Jul	\$	Jul	\$
AUGUST	Aug	\$	Aug	\$	Aug	\$	Aug	\$
SEPTEMBER	Sep	\$	Sep	\$	Sep	\$	Sep	\$
OCTOBER	Oct	\$	Oct	\$	Oct	\$	Oct	\$
NOVEMBER	Nov	\$	Nov	\$	Nov	\$	Nov	\$
DECEMBER	Dec	\$	Dec	\$	Dec	\$	Dec	\$

IF YOU HAVE REASON TO BELIEVE THIS PERSON IS EMPLOYED ELSEWHERE, PLEASE PROVIDE NAME AND LOCATION/ADDRESS OF OTHER POSSIBLE EMPLOYER.

PLEASE PROVIDE YOUR NAME	NAME OF COMPANY (EMPLOYER)	SIGNATURE	DATE (YYYY MMM DD)