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Santa Barbara, CA 93110
Phone: (805) 681-4401
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Phone: (805) 737-7080
FAX: (805) 737-6047

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Santa Maria, CA 93455
Phone: (805) 346-7135
FAX: (805) 346-7233

1444 S. Broadway
Santa Maria, CA 93454
Phone: (805) 614-1300
FAX: (805) 614-1529

P.O. Box 7999
Santa Maria, CA 93456
Phone: (866) 404-4007
FAX: (805) 287-3892

VERIFICATION OF GROSS PAY

DATE:

Re: Name:

Last 4 Digit SSN:

Case Number:

TO BE COMPLETED BY RECIPIENT / DEBE SER COMPLETADO POR EL EMPLEADO

I hereby authorize you to release to Santa Barbara County Department of Social Services the specific information requested below either in writing or by telephone.

Por medio de la presente doy autorización para que se le de al Departamento de Servicios Sociales del Condado de Santa Barbara, la información que específicamente solicitada a continuación ya sea por escrito o por teléfono.

DATE / FECHA

SIGNATURE / FIRMA

TO BE COMPLETED BY EMPLOYER

EMPLOYEE NAME: _____

PAY RECEIVED BY EMPLOYEE IN THE MONTH OF: _____

DATE PAY RECEIVED BY EMPLOYEE: _____
GROSS PAY: _____
NET PAY: _____
HOURS WORKED: _____

DATE PAY RECEIVED BY EMPLOYEE: _____
GROSS PAY: _____
NET PAY: _____
HOURS WORKED: _____

DATE PAY RECEIVED BY EMPLOYEE: _____
GROSS PAY: _____
NET PAY: _____
HOURS WORKED: _____

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NET PAY: _____
HOURS WORKED: _____

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GROSS PAY: _____
NET PAY: _____
HOURS WORKED: _____

DATE PAY RECEIVED BY EMPLOYEE: _____
GROSS PAY: _____
NET PAY: _____
HOURS WORKED: _____

Name of Employer: _____

Prepared by: _____ (Signature) Date: _____