

**STUDENT SUBSIDIZED EMPLOYMENT PROGRAM
EMPLOYER WAGE REIMBURSEMENT REQUEST**

Student Name: _____ SSN: _____

Employer: _____

Employer Address: _____
Street no. & name

City State Zip Code
Employer FEIN: _____ Phone Number: _____

Pay Information (must correspond with information on the student's pay stub):

Gross Wages Paid for this period: \$ _____

Total hours paid for this period: _____ Hourly Wage: \$ _____

Date paid: _____
month, day & year

Pay Period Dates:

From: _____ To: _____
month, day & year month, day & year

If this reimbursement is for the student's last pay check, please indicate last date of employment: _____

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By signing below I certify that the above information is true and accurate.

Employer Signature Date: _____

A W-9 must be submitted with the first reimbursement request. Verification of amount of gross wages paid, i.e., pay stub(s), must be attached to each reimbursement request submitted. Please complete a separate form for each student hired.

Completed form should be submitted to:

State Department of Human Resources
Family Assistance Division
50 Ripley Street
Montgomery AL 36130

FAX Number: 334.242.0513
Email: Kelly.Lawrence@dhr.alabama.gov
Phone Number: 334.242.1773

FAD: Approved by: _____ Date: _____