## HOUSING AUTHORITY OF HARTSVILLE POST OFFICE DRAWER 1678 HARTSVILLE, SOUTH CAROLINA 29551

Attention: Pe	rsonnel Dep	artment		Re:							
				nts/residents that ; his information v				osidized Programs.	This inform	nation is :	required in
Sincerely, Housing Aut	ority of Har	tsville			I hereby	authorize f	he release of in	formation to the H	ousing Auth	nority of F	Hartsville.
· Dat			Applicant/Resident Signature			nt Signature	S5#			<del></del>	
**************************************	******	*****	******	******	<u></u>	*****	**********	******	*****	*******	*****
(1) Date Employed:			Occu <u>i</u>	oation:		Empl	oyee is paid:	WeeklyBi-weekly		Tw	ice per month
								Monthly	other (		
(2) Number	of hours wo	rked per v	eek, if not paid	l weekly list# of	hours per p	ay period:					
(3) Wages p	Wages per hour: \$ if not paid hourly, gross wages expected per pay period: \$ other earnings (tips, etc.): \$ per									_ per	
(4) Has the	employee wo	orked cont	inuously since	hire (i.e. layoffs,	leaves, etc.	)			,-		
** ***********************************	*******	*****	******	*****	**	******	******	*****	******	*****	<del>*</del>
List gross wa if employed l	ge informations that the	on below: lve pay pe	(Gross pay ref riods list wages	ers to the total we from date emplo	ages earned oyed:	l before any	deductions.) I	List wage informat	ion, for the	last tw <del>c</del> lv	e pay periods,
Date Pay	Hours	Gross	Other	Date Pay	Hours	Gross	Other	Date Pay	Hours	Gross	Other
Period Ends	Worked	Pay	Earnings	Period Ends	Worked	Pay	Earnings	Period Ends	Worked	Pay	Earnings
				•							
Effective date	of last pay i	increase:		Total earn	ed past 12 r	nonths (if e	amploved that le	ong) \$	from	1	to
					-		-	id vacation?			
				nber of days per			•				
Name of firm: Si					re:			Telephone Number:			
Address:		·						· · · · · · · · · · · · · · · · · · ·			
Date:				Comi	nents:	•			•		

WAGES