QC 3WV
Rev. 10/25
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Louisiana Department of Health
Economic Stability – Performance & Quality Improvements
Quality Control

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_____
_____

QUALITY CONTROL WAGE VERIFICATION FORM

Date: _____
Case Name: _____
Social Security Number: _____
QC Review Number: _____
QC ES Specialist: _____

Please have the employer complete this form and return to the address listed above by _____ or submit a computer generated printout of earnings for the requested period by the due date. Thank you for your cooperation.

The above-named person has given consent for release of information requested below in order to complete a federally-mandated quality control review.

1. Check how often paid: ☐ Weekly ☐ Every two weeks ☐ Monthly ☐ Twice monthly
2. Date Employment began: _____.
3. Complete chart below to show wages received from _____ to _____. (Use attached page if more space is needed.) If this person is no longer employed and did not receive wages for the time period noted, just complete the bottom portion of this form.

Date Wages Received	Pay Period Ending	Gross Pay	Hourly Pay Rate	Hours Worked	Amount of Tips Received	Earned Income Tax Credit

4. Is this person still employed by you? _____ If no, what was the last day worked? _____

Employer's Signature: _____
Date: _____
Employer's Title: _____
Print your name: _____
Address: _____
Employer's Telephone number: _____

Case Name: _____ QC Review Number: _____

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