



**Government of the District of Columbia  
Department of Human Services  
Economic Security Administration**



**NON-TRADITIONAL EMPLOYMENT EARNINGS FORM**

<i>Pay Period Start Date (MM/DD/YY):</i>	<i>Pay Period End Date (MM/DD/YY):</i>
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<b>Employee Name and Address</b>	<b>Employer Name and Address</b>
<b>Employee ACEDS Case No. or Last 4 of SSN</b>	<b>Employer Contact Person</b>
<b>Employee Tel. No.</b>	<b>Employer Tel. No.</b>

*The most current pay information for the periods below is required.*

<i>Pay Date (MM/DD/YY)</i>	<i>Hours Worked</i>	<i>Hourly Wage \$</i>	<i>Gross Pay \$ (including Tips)</i>	<i>State Tax</i>	<i>Payment Type</i>
				DC <input type="checkbox"/>	CASH <input type="checkbox"/>
				MD <input type="checkbox"/>	CHECK <input type="checkbox"/>
				VA <input type="checkbox"/>	MONEY ORDER <input type="checkbox"/>
				NONE <input type="checkbox"/>	

*If the employee is no longer employed, please enter enddate and reason for termination.*

<b>End Date (MM/DD/YY):</b>	<b>Reason for Termination:</b>
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<b>Customer acknowledgement:</b> I hereby confirm that (1) I worked the hours recorded; (2) all information herein is complete and accurate.	
<b>Customer Signature:</b>	<b>Date:</b>

<b>Employer and Service Provider acknowledgement:</b> I hereby confirm that all information herein is complete and accurate and has been verified.		
<b>Employer Signature:</b>		<b>Date:</b>
<b>Primary Case Manager (Print Name):</b>	<b>Primary Case Manager (Signature):</b>	<b>Date:</b>

**NOTE: A copy of the Verification of Activity (VOA) must accompany this form.**