Attachment II OTDA-3707 NDNH (Rev. 7/06)				District: Identifier #			
NYS OTDA CONTACT NAME AND ADDRESS: Attn: R.L. Miller/Program Integrity NYS Office of Temporary & Disability Assistance Riverview Center, A&QC, 4 th Fl. 40 North Pearl Street Albany, New York 12243-0001 Fax: 518.402.0121 Telephone: 518.486.5070				CASE NAME AND ADDRESS: Re: Case Number: Suffix:			
EMPLO	YER'S NAME AN						
				Employers are required and Disability Assista earnings or other income	I to furnish tance information in the information of any appearing relative I	N.Y. State Social Services Law o the N.Y.S. Office of Temporary ation concerning wages, salaries, policant for, or recipient of, public egally responsible for the support	
	y reviewing the assis			ng individual. In order nonths, in addition to 2		our review of this case, we Annual Wages.	
Client Name:			SSN.	N: Date of Birth:			
	Fully comp	lete the info	ormatio	on below and re	turn by 2	xx/xx/xx.	
Most Recent	Hire Date:		Empl	oyment End Date (i	f no longer	employed):	
Employment Type (circle one): Hourly Sala			<u>Salaried</u>	Commission Or	nly <u>Cor</u>	nmission Base/Other	
	Pay Cycle (circ		Veekly	Bi-Weekly	Monthly	<u>Other</u>	
			ring the	past three months g last three mon		·	
Last 3Months	Last 3Months of Pay Periods Payment/C		ck	Corresponding Gro	*	Actual Hours Worked	
From	То	Date Paid		Including Tip/Other	Income	Per Pay Period	
Please print vo	ur name:			Vour Title			
Please print your name: Date				Your Title: Telephone:			
		orm (compl			_		

Unit: Program Integrity Reviewer: R.L. Miller Telephone: 518.486.5070

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