

OFC\_NAME\_BUS  
OFC\_ADDR\_CSZ

(243) 434-3434

Rec\_Name\_Full  
Rec\_Addr\_CSZ

09/05/2024



**DEPARTMENT OF ECONOMIC SECURITY**  
*Your Partner For A Stronger Arizona*

Katie Hobbs  
Governor

Angie Rodgers  
Director

RE: NCP\_NAME\_FULL  
HLCI No.: NCP\_ID\_PERSON

Employer ID Number:

**Verification Of Employment History**

Pursuant to 45 CFR § 303.3, and Arizona Revised Statutes, A.R.S. § 25-513, a Verification of Employment History is being sent to obtain information regarding the employee named below. Please send the completed form within 20 days to:

OFC\_NAME\_BUS  
OFC\_ADDR\_CSZ  
Fax: 1233213

If you have any questions about this notice, you may contact DCSS Customer Service at (602) 252-4045 (within Maricopa County), Nationwide toll free at 1-800-882-4151, or TTY/TDD Services: 7-1-1. You may also contact us by e-mail at the DCSS web site at [www.azdes.gov/dcass](http://www.azdes.gov/dcass).

please contact at

**This Request Pertains To**

Name: NCP_NAME_FULL	Social Security Number: NCP_SSN_PERSON	Birthdate: NCP_DATE_BIRTH
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**Your Records Indicate**

Name:	Social Security Number:	Birthdate:
Residential Address: (No., P.O.Box, Street, City, State, ZIP)		Phone Number: Cell Phone Number:
1. Gross Monthly Income:	2. Gross Income For The Period _____ Through _____ (Please send a copy of wages when you return this form)	

**Former Employee**

3. Has employee been terminated? ( ) Yes ( ) No If yes, date last worked:	Last Wages Received:	Gross Amount:
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4. Is the employee retired? ( ) Yes ( ) No	
If retired, amount of retirement benefits:	Frequency:
5. Has or will this employee receive cash benefits for sick leave, vacation leave or disability? ( ) Yes ( ) No If yes, please indicate whether the wages were or will be received in one payment or in installments. ( ) One Payment ( ) Installments	

We would appreciate you providing the following information which would assist the Division of Child Support Services (DCSS) and its agents in completing its statutory duties

6. Employee's Work Hours:		7. Employee's Current Job Site Address:	
8. Can a process server provide documents to the employee at the job site? ( ) Yes ( ) No If "yes", what is the contact person's name and phone number for the process server:			
9. Employee Is Paid: ( ) Weekly ( ) Bi-Weekly ( ) Bi-Monthly ( ) Monthly ( ) Hourly ( ) Other ( ) On Dates:			
<b>Signature of person completing the form</b>	<b>Title</b>	<b>Phone No.</b>	<b>Date</b>
<b>Please Provide Your Federal Employer Identification Number:</b>			

