

EN Payment Request Form

Use this form to request Evidentiary Payment Requests (EPRs) or Certification Payment Requests (CPRs). To ensure prompt and accurate payment to your Employment Network, please complete the following form and attach any acceptable earnings information required.

I. Employment Network Information

EN Organization Name: _____

DUNS Number: _____

Is the financial institution and bank account information provided in your Central Contractor Registration (CCR) current? Yes No

*If **No**, please visit www.ccr.gov and update your CCR registration with your correct bank account information before submitting this request. Incorrect or outdated information in CCR will prevent payment issuance to your Employment Network.*

II. Ticket Holder Information

Ticket Holder's Name: _____

Ticket Number/Social Security Number: _____

Name of Ticket Holder's Employer: _____

Employer's Address (if available): _____

Payment Method for this Ticket Assignment:

Outcome Payment Method Milestone-Outcome Payment Method

III. Phase I Milestone 1 Earnings Information

Select one option only if requesting a Phase I Milestone 1 payment.

The beneficiary achieved Trial Work Level (TWL) earnings during the calendar claim month (TWL = \$720 for 2010, 2011, and 2012; \$700 for 2009; \$670 for 2008).

The beneficiary achieved less than TWL, but expects to achieve TWL earnings within the next 2 months.

The beneficiary achieved less than TWL earnings and is not expected to achieve TWL earnings within the next 2 months.



IV. Payment Request Details

Payment Request Type

- Evidentiary Payment Request *(Complete Section VI)*
- Certification Payment Request *(Complete Sections VII and VIII)*

Claim month(s) and year(s) for this payment request:

V. EN Services Details

If requesting Phase I Milestone 1, describe in detail the **services** provided since the ticket assignment date. If requesting Phase I Milestone 2 or 3, describe in detail the **services** provided since the last milestone payment month.

Milestone Payment	Date of Services	Description of Services
PI M1		
PI M2		
PI M3		

Note: When requesting the following payments, complete and attach the *EN Services Certification Statement*: Phase I Milestone 4, Phase II Milestone 11, Outcome 11 or Outcome 22.

VI. Evidentiary Earnings Information

Type of earnings documentation submitted: *(these items must be included with this form)*

- Pay slips
- Employer prepared and signed employee earnings statement
- Records from Third Party Source containing monthly wage information
- The Work Number
- Other



VII. Certification Payment Request Details

Type of Certification Information (*choose one*):

- Recent contact with beneficiary
- Recent contact with employer
- Attached Earnings Inquiry Request (EIR) response received from MAXIMUS
- Attached information containing data from the National Directory of New Hires (NDNH)
- Attached Self Employment Income (SEI) Form (*if beneficiary is self-employed*)

Recent Contact Details (*complete only if you selected Recent Contact above*)

Type of contact (*phone call, email, etc.*): _____

Date of contact: _____

Description of information you learned from contact regarding level of earnings:

VIII. Repayment Agreement

By signing below, you as the EN agree to repay any payments received (or allow the amount to be deducted from future payments) if it is determined at a later date that you were not entitled to payment.

Signature: _____ Date: _____

IX. Contact Information for the employment Network Representative Submitting this Request

Print Name: _____

Phone Number: _____

Fax: _____

Email: _____