Form Approved
OMB No. 0960-0644

Employment Network Supplemental Earnings Statement

If the primary evidence does not contain some required information, such as pay period end dates, please use this table to provide any missing information.

EN Organization Name:	**DUNS Number (Data Universal Numbering System):**
Employee Name:	**Employee Social Security Number:**

Please complete the Earnings Evidence Table below, listing each pay period on each line separately. Feel free to list multiple claim months for the same Ticket-holder on the same form.

Beginning Pay Period Date	Ending Pay Period Date	Pay Date	Hours Worked	Hourly Rate	Withholding Amount	Total Gross Earnings	Year-to-date Gross Earnings

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

Employer Representative Name:

Signature:	**Date:**

☐ **By checking this box and signing above, the employer attests that all withholdings required by law have been made from this employee's earnings.**

Privacy Act Statement
Collection and Use of Personal Information

Public Law 106-170 and Section 1148 of the Social Security Act, as amended, authorize us to collect this information. The information you provide will be used to verify eligibility for payment.

The information you furnish on this form is voluntary. However, failure to provide the requested information could prevent you from receiving payment.

We rarely use the information you supply for any purpose other than for the Ticket to Work program. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans' Affairs);
3. To State agencies or Employment Networks having an approved business arrangement with Social Security to perform vocational rehabilitation services for disability beneficiaries and recipients; and
4. To facilitate audit or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

Complete lists of routine uses for this information are available in Systems of Records Notice 60-0300 (Ticket-to-Work Program Manager (PM) Management Information System). The Notice, additional information regarding this form, and information regarding our systems and programs, are available on-line at www.socialsecurity.gov or at your local Social Security office.

Paperwork Reduction Act Statement -This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about XX minutes to read the instructions, gather the facts, and answer the questions. **SEND THE COMPLETED FORM TO MAXIMUS TICKET TO WORK, PO BOX 1433, ALEXANDRIA, VA 22313, OR FAX TO 703-683-3289.** *You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.* ***Send only comments relating to our time estimate to this address, not the completed form.***