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, 4th 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:**

EMPLOYER'S NAME AND ADDRESS

Abstract of Section 143 of the N.Y. State Social Services Law

Employers are required to furnish to the N.Y.S. Office of Temporary and Disability Assistance information concerning wages, salaries, earnings or other income of any applicant for, or recipient of, public assistance or care, or any relative legally responsible for the support of such applicant or recipient.

Dear Sir/Madam:
We are currently reviewing the assistance case of the following individual. In order to complete our review of this case, we need the following wage breakdown covering the past three months, in addition to 2006 Gross Annual Wages.

Client Name: ***SSN:*** ***Date of Birth:***

Fully complete the information below and return by xx/xx/xx.

Most Recent Hire Date: _____ **Employment End Date (if no longer employed): _____**

Employment Type (*circle one***):** **Hourly** **Salaried** **Commission Only** **Commission Base/Other**

Pay Cycle (*circle one***):** **Weekly** **Bi-Weekly** **Monthly** **Other**

Total YTD Gross 2006 Pay: _____

This employee had no income during the past three months (your initials): _____

If employee had any income during last three months, complete following

Last 3Months of Pay Periods		*Payment/Check*	*Corresponding Gross Pay*	*Actual Hours Worked*
From	**To**	**Date Paid**	**Including Tip/Other Income**	**Per Pay Period**

Please print your name: _____ Your Title: _____

Signature: _____ Date: _____ Telephone: _____

Return this form (completed) in the enclosed envelope by xx/xx/xx

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

OTDA 06-ADM
(Rev. /2006)