OFFICE OF MANAGEMENT AND BUDGET

INCOME VERIFICATION REQUEST

I, _____ am requesting a printout of my

Per Capita / Payroll (circle one) income for the time frame (dates) _____ to

_____. I would like this report to be sent to _____ or

I will pick it up.

I understand that OMB has 3 (three) business days to produce this information for me.

I further agree that a $5.00 processing fee will be withheld from my next check to cover the costs of providing this information.

_____ _____

Enrollment # or Employee # **Aanjibimaadizing Staff**

_____ _____

Signature Date Signed Date