

Client Name: _____

Please notify S.N.E.S.A.A. when a Client starts and/or stops working because it can directly affect their benefits.

Client Work Information:

PLEASE NOTE: All Pay Stubs must be submitted to S.N.E.S.A.A. per pay period in order for S.N.E.S.A.A. to report client's earnings to S.S.A.

This can be done by:

- Faxing or emailing pay stubs to S.N.E.S.A.A.
- Having the payroll department fax or email a monthly gross wage report to S.N.E.S.A.A.

Please check box if client has never worked:

Client Name: _____

Employer Name: _____

Employer Address: _____

Phone #: _____

Supervisor's Name: _____

Start Date: _____

Weekly # Hours: _____

Hourly/Piece Rate: _____

Avg. Gross Weekly Pay: \$ _____

Client Stopped Working Information:

Employer Name: _____ **End Date:** _____

Is the Client receiving worker's compensation benefits? Yes No

If yes, Date Started: _____

Is the Client receiving unemployment benefits? Yes No

Amount Receiving: _____