Pahrump Ot Marilynn G 1981 E. Cal Suite 120 Pahrump, N Phone: (775 Fax: (775)	allivan Com vada Blvd. 1 IV 89048 5) 751-7095	-		Health and Human Services Director - Karyn Smith						Tonopah Office Nye County Courthouse 101 Radar Road Post Office Box 926 Tonopah, NV 89049 Phone: (775) 482-8125 Fax: (775) 482-7261				
				]	Employi				<u>n</u>					
Employe	er Name	:			Re:									
				SS#:										
Address:														
Please fu	Please furnish Nye County Health and Human Services with the following information regarding my salary and employment. Indicate													
SOCIAL SERVICES REPRESENTATIVE SIGNATURE of CLAIMANT														
SIGNATURE of SPOUSE OR RESIDENT COMPANIE													ANION	
BOTTOM PORTION TO BE FILLED OUT BY EMPLOYER ONLY:														
Please se	nd a wage	e printout	, if availab	le.										
	-		e client h				:		_ Hours	per weel	::			
			loss of h											
Health Insurance Carrier: Effective date of Insurance: The following shows employee's <u>GROSS</u> earnings for the last six months of employment:														
Week	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	ОСТ	NOV	DEC	]	
1														
2													-	
3													-	
4 5													-	
BY:			RMANT					DATE: _	<b> </b>	 	 	<u> </u>		
COMPA	SIGNATURE OF INFORMANT POSITION  COMPANY: TELEPHONE:													