ERRATA

November 14, 2008

ALL-COUNTY INFORMATION NOTICE NO I-62-08E

TO: ALL COUNTY WELFARE DIRECTORS
    ALL COUNTY SPECIAL INVESTIGATIVE UNIT CHIEFS
    ALL COUNTY INCOME AND ELIGIBILITY
    VERIFICATION SYSTEM COORDINATORS
    WELFARE INTERCEPT COORDINATORS

SUBJECT: CORRECTION TO ALL COUNTY INFORMATION NOTICE (ACIN)
NO. I-62-08

REFERENCE: ACIN NO. I-62-08, DATED AUGUST 26, 2008, CONFIDENTIAL TAX
INFORMATION SAFEGUARD REQUIREMENTS

The purpose of this correction notice is to rescind the use of Attachment 1 to ACIN I-62-
08, Confidential Tax Information Safeguard Requirements.

Attachment 1 to ACIN I-62-08 is an Internal Revenue Service recommended template
for a third party verification of employment/earnings letter and was inadvertently
included in the attachments to ACIN I-62-08. County social services staff have raised
concerns about the wording of this letter.

Please remove attachment 1 (enclosed voided copy). When aid recipients fail to verify
employment/earnings use your county’s third party employment/earnings verification
system.

If you have questions concerning this ACIN, please contact June Ramos of the CDSS
Fraud Bureau at (916) 263-5700.

Sincerely,

Original Document Signed By:

DEBORAH ROSE, Chief
Program Integrity Branch
Attachment
VERIFICATION OF EMPLOYMENT / EARNINGS

Dear Employer:

Re: ________________________________  SSN: ________________________________

Your tax dollars help fund public assistance programs for needy persons. Your cooperation is needed to ensure that only eligible persons receive public assistance and in the correct amount.

The above named participant has been identified by the Employment Development Department (EDD) as an employee of your firm. According to our records, this information differs from what the participant has reported to us.

To resolve this discrepancy, please complete, sign, date and return page two in the enclosed postage paid envelope within ten (10) days from the date of this letter. If the participant is not or was never employed by your firm, please check the box located on the bottom of page two, sign and correct your records to prevent further inquiries of this nature. Please provide all the information on the attached form and destroy this cover letter.

Also, for your information, unresolved information related to employment and earnings may be referred to the District Attorney’s Office as required by State law.

Information contained in this letter and obtained on the attached form is confidential under federal regulations, IRC Sec. 6103 of the Internal Revenue Code. This information will not be released except as permitted or required by law or with the written consent of the participant.

Thank you for your cooperation.

Sincerely,

_______________________________________
IEVS/IFDS Eligibility Worker

( ) _________________________
Telephone Number

Enclosures
VERIFICATION OF EMPLOYMENT / EARNINGS

Case Name: ____________________  Case Number:  ____________________

PLEASE COMPLETE THE FOLLOWING FROM YOUR EMPLOYMENT RECORDS:

**EMPLOYEE INFORMATION**

Name: ___________________________________________  Birth date: __________ - __________ - __________

(LAST/FIRST/MIDDLE)  MONTH  DAY  YEAR

Also Known As (AKA): ______________________________________  Soc. Sec. #: ________ - ________ - ________

**RESIDENCE ADDRESS AT THE TIME OF EMPLOYMENT:**

(Number and Street)  (City/State)  (ZIP Code)

Marital Status: ______  Number of Dependents: ______  Health Insurance Coverage: ____________________

**EMPLOYMENT STATUS:**

[ ] CURRENTLY EMPLOYED  DATE EMPLOYMENT BEGAN: __________

[ ] FORMERLY EMPLOYED  FROM __________ TO __________

[ ] TERMINATED  DATE: __________  REASON: ____________________

*Please include all income, such as regular, overtime, tips, vacation, sick and any bonus pay.*

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Completed by (Print): __________________________________________  Date: ____________________________

Signature: __________________________________________  Title: __________________________________________
Telephone #: _______________________  Firm Name: ______________________________

___ The individual listed above is not or was never employed by my firm. Our records have been corrected.

________________________________________
Company Representative Signature, Title

________________________________________
Date

Attachment 1 (Rev. 09-04-06) Third Party Verification Letter (Rev.09-04-06).docx