

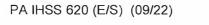
## IN-HOME SUPPORTIVE SERVICES (IHSS) EMPLOYMENT VERIFICATION (EV) PROCESSING INFORMATION

Employment Verification (EV) requests are processed within **four to six business days** from the **date the request is received by the Public Authority (PA)**. Allow four to six business days to pass prior to calling the PA to check the status of your EV request. If you have not received your EV response by the 6<sup>th</sup> business day, contact the PA at 1-866-985-6322 and select option 2.

The IHSS Electronic Supportive Services Portal (ESP) provides access to view up to six months of prior paycheck information. To register to use the ESP website, go to <u>www.etimesheets.ihss.ca.gov</u> to set up an account.

**Note:** On-the-spot and same-day EV requests cannot be processed. The PA does not provide verbal EV information to outside agencies unless an EV form has been previously completed.

Instructions to Staff: Give this page to the provider and retain the second page.



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IN HOME SUPPORTIVE SERVICES
PUBLIC AUTHORITY
SAN BERNARDINO COUNTY

784 E. Hospitality Lane San Bernardino, CA 92415-0034 Business: (909) 386-5014 • TTY: (909) 891-9135 Toll Free: (866) 985-6322 • Fax: (909) 927-4177 Email: <u>IHSSProviderEV@hss.sbcounty.gov</u>

## PROVIDER EMPLOYMENT VERIFICATION REQUEST AND AUTHORIZATION TO RELEASE INFORMATION

PROCESSING TIME WILL BE 4 TO 6 BUSINESS DAYS <u>Client names are not provided in employment verification due to confidentiality.</u>

Please provide a copy of your valid government issued identification when submitting this form.

rovider Social Security Number: (		Last Name	
Tovider occurry Number.	(Required)		
hone Number: ( ) – (Required)			
. Please provide the information you want included on y	your employment verification.		
Income printout (No more than 3 years)	thru		
Month/	Year Month/Yea	ar	
Letter indicating start date(s)/end date(s)			
Other (please specify):			
.Return my completed request via (select one of the foll ] Email: Email Address	67		
] Mail			
Attention:			
First Name	Last Name		
Address:			
City:	State: Zip:		
hereby autho	orize San Bernardino County, Public Authori	ity,	
n-Home Supportive Services (IHSS) to release my emplo	oyment history.	-	
Signature	Date		
orginature	Date		

Printed staff name