

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 #

\_\_\_\_\_

Signature

Date