



# FAMILY INDEPENDENCE ADMINISTRATION

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## POLICY BULLETIN #07-40-OPE

### EMPLOYED PARTICIPANTS WORKING FEWER THAN 30 HOURS PER WEEK (W-500HH)

<b>Date:</b> March 27, 2007	<b>Subtopic(s):</b> Employment, Eligibility
<p> This procedure can now be accessed on the FIAweb.</p> <p>The <b>W-575T</b> was revised to change “case name” to “name” so that NYCWAY can input the employed individual’s name in this field.</p>	<p>The purpose of this policy bulletin is to introduce Job Center Staff to a new letter, entitled “Engagement of Participants Working Fewer Than 30 Hours Per Week” (<b>W-500HH</b>), which will be included in a mailer sent to participants identified in NYCWAY who are working fewer than 30 hours per week.</p> <p>The <b>W-500HH</b> will notify participants working <u>fewer than</u> 30 hours per week of the need to complete and return the Declaration of Employment form (<b>W-575T</b>) that will be included in the mailer. The <b>W-575T</b> will be used to evaluate the participant’s work hours and determine if additional work activities are needed to meet the 35 hours-per-week work requirement.</p> <p>Participants who document that they are working fewer than 30 hours will have those hours deducted from the 35 hours-per-week work requirement and will be referred to participate in a work activity to make up the remaining number of hours.</p> <p>Participants who can document that they are working 30 hours or <u>more</u> will not be required to participate in additional work activity at this time. However, they are urged to submit the <b>W-575T</b> and documentation confirming their employment for 30 or more hours.</p> <p>Participants who receive the <b>W-500HH</b> and <b>W-575T</b> are expected to return the <b>W-575T</b> in an enclosed business-reply envelope, also provided in the mailer, to the Office of Central Processing (OCP). However, there will be no adverse action if the <b>W-575T</b> is not returned.</p>

HAVE QUESTIONS ABOUT THIS PROCEDURE?  
Call 718 -557-1313 then press 2 at the prompt followed by 765 or  
send an e-mail to *FIA Call Center*

*Effective Immediately*

**Related Item:**

Employment Manual


**Attachments:**

**W-500HH** Engagement of Participants Working Fewer Than 30 Hours per Week

**W-500HH (S)** Engagement of Participants Working Fewer Than 30 Hours per Week (Spanish)

**W-575T** Declaration of Employment (Revised 3/27/07)

**W-575T (S)** Declaration of Employment (Spanish)(Revised 3/27/07)

 Please use Print on Demand to obtain copies of forms.



Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Name: \_\_\_\_\_  
Center: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

### **Engagement of Participants Working Fewer Than 30 Hours Per Week**

According to our records you are currently employed for fewer than 30 hours a week. If you are still employed fewer than 30 hours a week, we will require you to participate in concurrent approved work activities that may include a referral to our employment vendor and/or a Work Experience Program that will help to improve your skills in order to enhance your earning capability and become financially independent.

If you're working fewer than 30 hours, we will soon send you a mandatory Notice to Report to Center form (**M-3g**). The number of weekly hours that you must work with the employment vendor will depend on the number of hours you actually work. The sum of the hours you are currently working per week plus the number of hours assigned with the employment vendor or Work Experience Program must equal 35 hours per week.

If you are now working 30 hours or more, and submit documentation of your current employment income, you will not be required to participate in this program.

**This is not an appointment notice. Please complete and return the enclosed Declaration of Employment (W-575T) form along with employment/income verification in the pre-paid business-reply envelope provided as soon as possible.**



Fecha: \_\_\_\_\_  
Número del Caso: \_\_\_\_\_  
Nombre: \_\_\_\_\_  
Centro: \_\_\_\_\_  
Número de Teléfono: \_\_\_\_\_

### Participación de las Personas que Trabajan Menos de 30 Horas a la Semana

Según nuestros archivos usted está actualmente empleado por menos de 30 horas a la semana. Si usted sigue empleado por menos de 30 horas a la semana, le requeriremos que participe simultáneamente en actividades de trabajo aprobadas que le ayudarán a mejorar sus aptitudes para poder ganar más dinero y llegar a ser económicamente independiente. Dichas actividades podrían incluir un envío a nuestro contratista de empleo o Programa de Experiencia de Trabajo (Work Experience Program).

Si usted actualmente trabaja menos de 30 horas, pronto le enviaremos un obligatorio Aviso para Presentarse al Centro (**M-3g [S]**). El número de horas a la semana que usted tendrá que trabajar con el contratista de empleo dependerá de las horas que usted en realidad trabaja. El total de las horas que usted trabaja a la semana actualmente más el número de horas asignadas con el contratista de empleo o con un Programa de Experiencia de Trabajo tiene que sumar 35 horas a la semana.

Si usted actualmente trabaja 30 horas o más y presenta documentación de su ingreso salarial actual, no se le requerirá que participe en este programa.

**Este formulario no es un aviso de cita. Favor de llenar y devolver tan pronto posible la adjunta Declaración de Empleo (W-575T [S]) con comprobante de empleo/ingreso en el sobre adjunto con sello prepagado.**



Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Name: \_\_\_\_\_  
Center: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

### Declaration of Employment

Please print all information and return this form, with a copy of your pay stub or a letter from your employer, in the enclosed business reply envelope.

#### Personal Information

Employee's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Age of Employed Person: \_\_\_\_\_

#### Employment Information

Job Title: \_\_\_\_\_ Date Job Began: \_\_\_\_\_

If recently started, date of first paycheck: \_\_\_\_\_

Gross salary (before tax deductions): \$ \_\_\_\_\_

Frequency of pay (check  one):  weekly  biweekly  monthly

Other (please specify): \_\_\_\_\_

Total number of hours worked per week: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date job ended (if no longer employed): \_\_\_\_\_

**School Attendance Information**

If you are also attending school while working, please enter the information below:

Full-time school attendance  Part-time school attendance

Days/hours of attendance: \_\_\_\_\_

Course description(s): \_\_\_\_\_

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ School Contact Person: \_\_\_\_\_

**Other Income**

Check (☑) all that apply. Please attach income verification, such as a check or income statement.

Income Type	Amount (\$)	Frequency		
		Weekly	Biweekly	Monthly
<input type="checkbox"/> Social Security Income (SSI)	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Social Security Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> New York State Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Unemployment Benefits	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other Income	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In signing this Declaration of Employment, I certify that the above information is correct and that I understand that the income I am reporting will be evaluated by the Agency.

Employed Person's Signature: \_\_\_\_\_

Please print name: \_\_\_\_\_

Date: \_\_\_\_\_



Fecha: \_\_\_\_\_  
Número del Caso: \_\_\_\_\_  
Nombre: \_\_\_\_\_  
Centro: \_\_\_\_\_  
Número de Teléfono: \_\_\_\_\_

### Declaración de Empleo

**Favor de apuntar todos los datos en letra de molde y devolver este formulario, con una copia de su talón de pago o una carta de su empleador, en el sobre de vuelta adjunto.**

#### Información Personal

**SAMPLE**

Nombre del Empleado: \_\_\_\_\_  
Nombre I. Apellido  
Dirección: \_\_\_\_\_  
Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Código Postal: \_\_\_\_\_  
Número de Teléfono: \_\_\_\_\_ Número de Seguro Social: \_\_\_\_\_

Edad del Empleado: \_\_\_\_\_

#### Información del Empleo:

Función del Empleado: \_\_\_\_\_ Fecha de comienzo: \_\_\_\_\_

Si comenzó recientemente, fecha del primer cheque de paga: \_\_\_\_\_

Salario bruto (antes de las deducciones de impuestos): \$ \_\_\_\_\_

Frecuencia de pago (marque [] una casilla):  semanalmente  quincenalmente  mensualmente

Otro caso (favor de especificar): \_\_\_\_\_

Número total de horas trabajadas por semana: \_\_\_\_\_

Nombre del Empleador: \_\_\_\_\_  
Nombre I. Apellido

Dirección: \_\_\_\_\_

Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Código Postal: \_\_\_\_\_

Fecha en que terminó su empleo

Teléfono: \_\_\_\_\_ (si ya no está empleado): \_\_\_\_\_

**Información de Asistencia Escolar**

Si usted también asiste a la escuela mientras trabaja, favor de anotar esta información más abajo:

- Asistencia escolar a tiempo completo       Asistencia escolar a tiempo parcial

Días/horas de asistencia: \_\_\_\_\_

Descripción de los cursos: \_\_\_\_\_

Nombre de la Escuela: \_\_\_\_\_

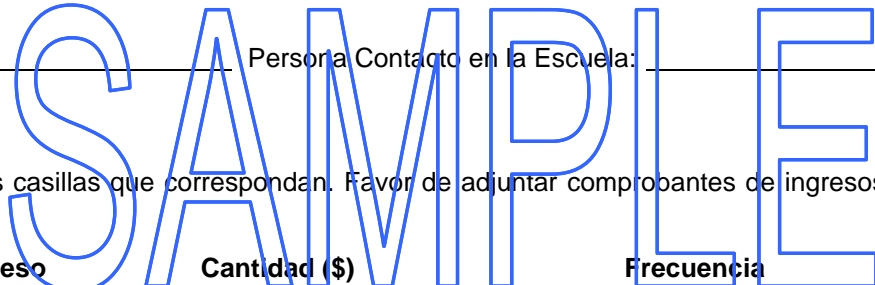
Dirección: \_\_\_\_\_

Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Código Postal: \_\_\_\_\_

Teléfono: \_\_\_\_\_ Persona Contacto en la Escuela: \_\_\_\_\_

**Otros Ingresos**

Marque () todas las casillas que correspondan. Favor de adjuntar comprobantes de ingresos, como cheques o estados e ingresos.



Tipo de Ingreso	Cantidad (\$)	Frecuencia		
		Semanal	Quincenal	Mensual
<input type="checkbox"/> Ingreso del Seguro Social (Social Security Income – SSI) _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Seguro Social para Incapacitados _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Beneficios para Incapacitados del Estado de Nueva York _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Beneficios por Desempleo _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Otros Ingresos _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Al firmar esta Declaración de Empleo, doy fe de que la información antedicha es correcta y que soy consciente de que el ingreso que estoy declarando será evaluado por la Agencia.

Firma del Empleado: \_\_\_\_\_

Favor de escribir su nombre en letras de molde: \_\_\_\_\_

Fecha: \_\_\_\_\_