



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Transitional Assistance
600 Washington Street • Boston, MA 02111

DEVAL L. PATRICK
Governor


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Lieutenant Governor

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Secretary

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Commissioner

Operations Memo 2010-56
November 30, 2010

To: Transitional Assistance Office Staff

From:  Stephanie Brown, Assistant Commissioner for Policy, Program and External Relations

Re: Access to the Work Number

Purpose of Memo

This Operations Memo serves to inform staff that, effective close of business November 30, 2010, access to the Work Number will be unavailable for use by Department staff. The Department has been informed that, beginning December 1, 2010, a fee will be required for each requested verification and that, for security purposes, all Department employees will be required to use a separate password identification to access the Work Number.

The Department will be exploring other options to verify employment and wages. However, in the interim, verification of employment/wages can be accomplished by:

- requesting pay information directly from the client; or
- requesting pay information from the employer by using a DORL-1 (Request for Employment Information. See Attachment A)

This memo obsoletes Field Operations Memo 2007-3: The Work Number.

Questions

If you have any questions, please have your Hotline designee call the Policy Hotline.



Request for Employment Information

Date: _____

To: _____
Employer

Re: _____
Name

Employer's Address

Address

City State ZIP

City State ZIP

Dear: _____

SSN

On behalf of the above named individual, we request that you indicate by checking the appropriate box below, whether or not he or she is *currently* in your employ and that you provide current wage information. **Do not complete this form if the individual has not signed the statement below.**

Worker

Local Office

Address

City State ZIP

Authorizing Statement

I authorize the employer named above to indicate to the Department of Transitional Assistance whether or not I am *currently* in their employ and authorize them to provide current wage information.

Individual Signature

Date

Employer Statement

The above individual is **not** currently in my employ. Date last worked / /

The above individual is currently in my employ. Date of Initial employment / /

Employer Signature

Date

Wage information for the indicated periods:

Date: / / Earnings:\$ _____.____ Date: / / Earnings:\$ _____.____ Date: / / Earnings:\$ _____.____

Hours: _____ Hours: _____ Hours: _____

Date: / / Earnings:\$ _____.____ Date: / / Earnings:\$ _____.____ Date: / / Earnings:\$ _____.____

Hours: _____ Hours: _____ Hours: _____