

SOCIAL SECURITY ADMINISTRATION
ATTN: SSI UNIT; WAGE RECORDING
ADDRESS:



CITY/STATE/ZIP:

SSI: REPORTING START OF WORK

Date Sent: _____

To whom it may concern:

1. **I started working on:** _____ **(month/year)**
2. **Employer:** _____
3. **Hours per week:** _____
4. **Rate of pay:** _____
5. **Pay dates/pay schedule:** _____

Sincerely:

(Signature)

Name (please print) _____

Social Security Number _____

Address _____

City/Zip _____

Telephone Number _____

Payee name: _____

Payee phone: _____

SOCIAL SECURITY ADMINISTRATION
ATTN: SSI UNIT; WAGE RECORDING
ADDRESS:



CITY/STATE/ZIP:

SSI: REPORTING MONTHLY WAGES

Date Sent: _____

To whom it may concern:

Here are copies of my pay stubs for the month of: _____ (month/year)

from my employment at: _____ (name of employer)

Sincerely:

(Signature)

Name (please print) _____

Social Security Number _____

Address _____

City/Zip _____

Telephone Number _____

Payee name: _____

Payee phone: _____

Please remember to keep a personal copy of all documents submitted to SSA for your records.

SOCIAL SECURITY ADMINISTRATION
ATTN: SSI UNIT; WAGE RECORDING
ADDRESS:



CITY/STATE/ZIP:

SSI: EMPLOYMENT – EMPLOYMENT TERMINATION / EMPLOYMENT CHANGE NOTICE

Date Sent: _____

To whom it may concern:

I am writing to inform you that there has been a change in my employment status on record with Social Security. My current employment information is as follows:

- My employment with _____ has terminated on _____(month/day/year) and new employment has not yet been secured.
- My employment with _____ has terminated on _____(month day year) and I began new employment with the employer listed below.

• I started working on: _____ (month/year)

• Employer: _____

• Hours per week: _____

• Rate of pay: _____

• Pay dates/pay schedule: _____

Sincerely:

(Signature)

Name (please print) _____ Social Security Number _____

Address _____

City/Zip _____

Telephone Number _____

Payee name: _____

Payee phone: _____

Please remember to keep a personal copy of all documents submitted to SSA for your records.