

HRA WAGE SUBSIDY REQUEST FOR PAYMENT

Name of Employer/Service Provider: _____ **Agreement #:** _____ **Date Submitted:** _____

Employer's Address: _____ **Employer's Tax Vendor I.D #:** _____

Telephone: _____ **Fax:** _____ **Employer's Email:** _____

In Accordance with an agreement entered into between the employer and the City of New York, Human Resources Administration (HRA),
I (Employer) am billing HRA for the following Wage Subsidy employees:

Name of Employee	Social Security #	Payroll Period Began	Payroll Period Ended	Hourly Wage	# Hours	Fringe Benefits	Gross Salary	Net Pay
		/ /	/ /	\$			\$	\$
		/ /	/ /	\$			\$	\$
		/ /	/ /	\$			\$	\$
		/ /	/ /	\$			\$	\$
		/ /	/ /	\$			\$	\$
		/ /	/ /	\$			\$	\$
		/ /	/ /	\$			\$	\$
		/ /	/ /	\$			\$	\$
		/ /	/ /	\$			\$	\$
		/ /	/ /	\$			\$	\$

Note: A signed copy of this request and supporting documents from the employer's payroll department must be submitted to 348 W. 34th Street, NY, NY 10001.

I hereby certify that this Request For Payment is for amounts expended on behalf of the City of New York, that no part of the Request has been previously certified, and that the amount is solely for the operation of the program described in the Wage Subsidy Agreement.

Authorized Employer Signature

Date

HRA Wage Subsidy Program Authorized Signature

Date