INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT

RELEASE OF EMPLOYMENT HISTORY

LKE INSTRUCTIONS Rev.3/1/24

The Indiana Department of Workforce Development (IDWD) will release wage or employment history information to a third party only via the Last Known Employer (LKE) website after submitting a completed copy of the attached release form. Please login to your LKE account to submit requests for employment history. If you do not have a LKE account and the reason for requesting employment history on behalf of a citizen is in compliance with IC 4-1-6-2(13)(B), you may apply for an account by navigating to https://uplink.in.gov/lke.

***Please Note:**

- **Non-IDWD forms will not be completed by IDWD staff.**
- **Unemployment insurance (UI) benefit information:** Applicants who have had an Indiana UI claim can obtain benefit information via their Claimant Self Service (CSS) account at uplink.in.gov/CSS/CSSLogon.htm. CSS support can be reached by navigating to webapps.dwd.in.gov/AskWorkOne or calling 800-891-6499.
- **Copies of IRS Form 1099-Misc:** Applicants who have had an Indiana UI claim can obtain copies via CSS of Form 1099 issued by DWD for UI payments.

Information regarding employment history available via IDWD employer Unemployment Insurance Tax records:

- **If complete wage and/or employment history records are needed**, we recommend contacting the Social Security Administration, Internal Revenue Service, or Indiana Department of Revenue.
- IDWD employer tax records **do not include wages earned** in other states or U.S. territories, income earned which was or will be reported on a 1099-Misc Form (self-employment, contract employment, etc), or income earned through the performance of non-covered or excluded services described in IC 22-4-8.
- Employers report wages to IDWD quarterly. Even timely reports are often 4-6 months in the arrears. The information IDWD has available is employer, not employee, records for the purposes of assessing an employer's Unemployment Insurance Tax **which is often not an accurate reflection of an individual's complete income or employment history.**

To avoid an automatical denial, please ensure the following action is taken when submitting a request for employment information via the LKE website:

- Use only the attached form. No other forms will be accepted or completed. Do not submit non-DWD forms.
- **Ask applicants to provide all previously used names during employment on the IDWD approved release form.**
- Confirm the form is **complete,** legible, and there are no corrected errors on the release form. If a mistake is made, please complete a new form as an error on the form could result in the request being denied.
- A **valid** Social Security Number or Individual Tax Identification Number is required.
- An **original signature** (not electronic) is required for the applicant.
- Submit only one release form per applicant request for employment history. Requests submitted with release forms belonging to multiple applicants will be denied.
- Please do not submit duplicate requests. Submitting duplicate requests delays processing times and may result in denial.
- Every effort will be made to respond to requests within 5 business days. Processing times may be longer during periods of high volume.

Thank you,

Employement History Verification Unit
Indiana Department of Workforce Development
employverification@dwd.in.gov

INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT

RELEASE OF INFORMATION

Rev. 3/1/24

***APPLICANT'S NAME: _____**

***Additional names used during employment:* _____**

***SOCIAL SECURITY or INDIVIDUAL TAX IDENTIFICATION NUMBER: _____-_____-_____**

****Applicant contact information***

Email Address: _____Phone Number: _____-_____-_____

Street Address: _____

City: _____ State: _____ Zip: _____

I authorize the Indiana Department of Workforce Development to release all wage and unemployment benefit information to the organization below.

_____ _____

***SIGNATURE OF APPLICANT** ***TODAY'S DATE:**

NOTE: RELEASE MUST BE SUBMITTED WITHIN 90 DAYS OF APPLICANT SIGNING RELEASE FORM.

☐ **Check this box if a Power of Attorney is attached.**

NOTE: This section must be completed by the organization requesting employment history.

By signing below you agree that you understand that data we release to you is protected under state law (IC 22-4-19-6) and federal regulations (20 CFR § 603.5) as confidential information. You also confirm that you have verified the applicant's identity by viewing some type of photo identification.

***SIGNATURE OF REQUESTOR _____** *Judy Peracki*_____

***Printed Name of the Requestor: _____Judy Peracki_____**

***Requesting Organization: Porter County Aging & Community Services____**

***Email Address: _____jperacki@portercountyacs.org_____**

***Phone Number: __219-462-1365__ Fax Number: ___219-462-6993___-_____-_____**

****REQUIRED FIELDS***

*****Applicant's phone number, email address, or mailing address is required.***

Email employverification@dwd.in.gov to reach a DWD employment history or LKE website specialist.