



**MATRAC SMAT**

Disaster Medical Response Program

**SALARY VERIFICATION FORM**

**Purpose:** Salary data is used to reimburse the team member’s employer of hours worked during an SMAT deployment. Salary reimbursement is based on the member’s normal base salary rate plus fringe benefits at the time of deployment. *Obtaining the necessary salary data pre-deployment will facilitate a more rapid processing of reimbursement to the employer.*

**Privacy:** The salary information provided to MATRAC will be retained in a secure file and used for the express purpose of calculating salary reimbursement.

**Instructions: Team Member:**

- Print this form
- Sign the authorization for release of payroll information section below
- Send this form to your Payroll Department

**Instructions: Payroll Department:**

- Complete the salary and fringe sections below:
- Sign the form
- Send to the MATRAC SMAT Team Commander in one of the following methods:
  - Fax completed form: Attn MATRAC SMAT Team Commander 828-693-6214
  - Email completed form in PDF to dawnhuff.matrac@gmail.com
  - Mail the completed form to:
    - MATRAC Team Commander, 103 Education Dr. Flat Rock, NC 28722

<b>Name:</b>	<b>SSN:</b>
I authorize my employer to release my current salary and fringe benefits data to MATRAC for purposes of calculating salary reimbursement for hours worked during a team deployment.	
<b>Signature:</b>	<b>DATE:</b>
Employer:	Employer Fed Tax ID#
Hourly Employee:	
Hourly Rate: \$                      Fringe:                      OT Rate:                      OT Fringe:	
Salaried Employee:	
Salary Rate:                      per ( ) week ( ) Bi-weekly ( ) Month	Fringe Rate: \$
PAYROLL DEPARTMENT SIGNATURE:	PRINTED NAME: