



STATEMENT OF EARNINGS

TO BE COMPLETED BY FSS/CM	
LOCAL OFFICE	DATE
HEAD OF HOUSEHOLD CLIENT IDENTIFICATION NUMBER	

SECTION I

The person named below is receiving/has received public assistance. We need to know what he/she earned while in your employ. The period of employment is from _____ to _____. Please list each separate date of pay, gross income, and hours worked for this time period. This form should be signed by an authorized representative of your business. A return envelope is enclosed for your convenience. Thank you for your prompt attention to this request.

Employers Address

If you have any questions please contact:

FINANCIAL SERVICE SPECIALIST/CASE MANAGER

Phone Number:

This person was not employed by this company during the period in question. If checked, do not complete Section II. Go to Section III and sign.

FOLD

SECTION II

EMPLOYEE NAME	SOCIAL SECURITY NUMBER	JOB CLASSIFICATION OR TYPE OF WORK
PERIOD OF EMPLOYMENT FROM: TO:	IF TERMINATED, LAST DATE OF EMPLOYMENT	Is the employee on call? <input type="checkbox"/> Yes <input type="checkbox"/> No
How often is the employee paid? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Every other week <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:		

DATES PAID	HOURS WORKED	GROSS INCOME TO INCLUDE TIPS, DRAWS, COMMISSION	DATES PAID	HOURS WORKED	GROSS INCOME TO INCLUDE TIPS, MEALS, COMMISSION

SECTION III

The above statement included all salaries or wages paid for the pay dates indicated.

SIGNATURE	POSITION	TELEPHONE NUMBER

EMPLOYER: PLEASE RETURN FORM TO THE FOLLOWING ADDRESS.