|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **TO BE COMPLETED BY FSS/CM** | |
|  | **STATEMENT** | LOCAL OFFICE | DATE |
| **OF EARNINGS** | 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?  Yes  No |
| How often is the employee paid?  Daily  Weekly  Every other week  Twice Monthly  Monthly  Other: | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DATES  PAID | HOURS  WORKED | GROSS INCOME TO INCLUDE TIPS, DRAWS, COMMISSION | | DATES  PAID | HOURS  WORKED | | GROSS INCOME TO INCLUDE TIPS, MEALS, COMMISSION | |
|  |  |  | |  |  | |  | |
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|  |  |  | |  |  | |  | |
|  |  |  | |  |  | |  | |
| **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.** | | | | | | | | |

**STATEMENT OF EARNINGS**

**DCYF 02-206 (Created 11/2019)**