|  |  |  |
| --- | --- | --- |
|  |  | **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 EMPLOYMENTFROM:  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 |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
| **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)**