

EMPLOYMENT STATEMENT

Case Name: _____ Office Fax Number: _____

Case Number: _____ Office E-mail: _____

In order to determine your eligibility for public assistance benefits, we need proof of your income. You can have your current or former employer complete this form or provide the needed information by submitting pay stubs, payroll records, or other employment documentation.

If you decided to use this form, please sign below and ask your employer to complete each section of this form.

Signature _____
With my signature, I authorize release of this information

Section I – GENERAL INFORMATION

1. Name of Employee: _____ Social Security Number: _____
 Address: _____
2. Job Title: _____ Type of Work Performed: _____
3. Date current employment began: _____
4. Date of first paycheck: _____
5. Rate of Pay: _____ Hours per Week: _____ Days per Week: _____
6. How Often Paid: Weekly Every Two Weeks Twice A Month Monthly Other
7. Is the job: Full Time Part Time Temporary On-Call Seasonal
8. Other Compensation: Tips Room and Board Commissions Bonus Other
9. Health Insurance: Yes No
10. Who is covered? _____
11. Name of Insurance Company and Date Coverage Began: _____

Section II – LOSS OF INCOME

1. Date employment ended: _____
2. Reason for Termination: Fired Quit Laid Off No Call / No Show Seasonal End Other
3. Please Explain: _____
4. Is the loss of income Permanent or Temporary If temporary, when do you expect the employee to return to work? _____
5. Date employee received final check: _____ Gross amount: \$ _____
6. Will employee receive any vacation pay, retirement fund, or other? Yes No
 If yes, what type? _____ Date received: _____ Amount: \$ _____
7. Is employee eligible for any type of benefits from your company, such as extended insurance coverage, workers' compensation, or other? Yes No If yes:
 - A. Name of insurance company: _____
 - B. Reason for benefits: _____

Section III – RECORD OF PAY RECEIVED

List the pay information for the period from _____ - _____ in the space below. You may provide copies of the paychecks or a payroll printout showing this information if that is more convenient.

Pay Period End Date	Date Pay Received	Regular Hours	Overtime Hours	Gross Pay	Tips \$\$	Pre-Tax Payroll Deduction	Deduction Type

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List the pay information for the period from _____ - _____ in the space below. You may provide copies of the paychecks or a payroll printout showing this information if that is more convenient.

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Section IV – EMPLOYER INFORMATION

What I have written on this form is true to the best of my knowledge. I understand that if I give false information on purpose, I may be subject to prosecution for fraud.

Signature of Employer

Employer's Title

Name of Business

Telephone Number

Address

Date Completed