



Employer's Statement of Earnings

Case #:

Date Sent:

SSN:

Employee's Name:

Business Name:

Employee Permission

I give my employer permission to share information about my employment. I will not take legal action against them for sharing this information. This permission will stop the last day of the twelfth month after the month I signed below.

Employee Signature _____ Date _____

Note to Employer – Please complete sections checked below to verify employment information.☐ Please provide your best estimate of ongoing wages

Type of Pay	Projected hours/week	Rate of Pay/Hour
Regular		
Overtime		
Weekend/Shift Differential		
Tips, if received	\$	per month
Salary, if not paid hourly	\$	per
Bonus and/or Commission	\$	per
How often paid?		
Other	\$	per

☐ Pay received or expected from _____ to _____

Pay Period End Date	Date Pay Received	Gross Pay	Hours Worked

Is this a good indication of future earnings?
(circle one) Yes No If no, please explain:

Is health insurance available? (circle one) Yes No

☐ **NEW EMPLOYMENT:**

Start date of employment ____/____/____

Date first check received ____/____/____

☐ Normal number of days scheduled to work per week (best estimate) _____

Does schedule vary? (circle one) Yes No

Other (explain) _____

Normal scheduled work hours
(example 8 AM – 5 PM, please note if AM or PM):

Sun Mon Tue Wed Thu Fri Sat

☐ **ENDING EMPLOYMENT:**

Last date of employment ____/____/____

Date final check received ____/____/____

Circle reason job ended: Quit Fired Other _____

☐ **LEAVE:**

Please provide information on leave:

Date expected to return to work ____/____/____

Date final check received ____/____/____

Circle pay status: Paid leave or Unpaid leave

Employer Information

Name of Person Completing the Form (please print)	Fax Number	Phone
Signature of Person Completing the Form		Date

Questions??? Please contact:

Worker Name	Worker Number	Phone Number	Fax Number	Toll Free Number
Mailing Address				E-mail Address