# LOWER ELWHA SOCIAL SERVICES
# STATEMENT OF EARNINGS

| DATE: |
|---|
| HEAD OF HOUSEHOLD CLIENT IDENTIFICATION NUMBER: |

The person named below is receiving/has received Tribal TANF. 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. The form should be signed by an authorized representative of your business. Thank you for your prompt attention to this request.

If you have any questions please contact:

☐ **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.**

_____
Case Manager

(360) 452-8471 x._____
Telephone Number

**SECTION II**

| EMPLOYEE NAME | SOCIAL SECURITY NUMBER | JOB CLASSIFICATION OR TYPE OF WORK |
|---|---|---|
| PERIOD OF EMPLOYMENT<br>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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Version 1.2 Revised 5/5/08

**Please return to:**
Lower Elwha Social Services
3080 Lower Elwha Road
Port Angeles, WA. 98363
Fax: (360) 457-8429

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# STATEMENT OF EARNINGS

| 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 by the dates indicated.

| SIGNATURE | POSITION | TELEPHONE NUMBER |
|---|---|---|
| | | |

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