

Iowa Department of Human Services
Employer's Statement of Earnings

Case #:
 Date Sent:

Employee's Name: _____ SSN: _____

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

<input type="checkbox"/> 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 _____

<input type="checkbox"/> 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 ____/____/____

ENDING EMPLOYMENT:
 Last Date of Employment ____/____/____
 Date Final Check Received ____/____/____
 Circle Reason Job Ended: Quit Fired Other _____

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

Employer Information	
Name of Person Completing the Form (please print)	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