

Employer's Statement of Earnings

Case: **KT**

Due Date:

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 release is good for 12 months from the date signed.

Employee Signature _____

Date _____

MUST BE COMPLETED BY EMPLOYER

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 week	
Salary, if not paid hourly	\$ _____ per	
Bonus and/or Commission	\$ _____ per	
Other	\$ _____ per	
How often paid?		

<input type="checkbox"/> Pay received Zca			
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 and complete the section on the left, giving the best estimate of ongoing hours and wages.

NEW EMPLOYMENT

Start Date of Employment ____/____/____
Date First Check Received ____/____/____

ENDING EMPLOYMENT

Last Date of Employment ____/____/____
Date Final Check Received ____/____/____

LEAVE OF ABSENCE

Start Date ____/____/____
End Date ____/____/____

Does schedule vary? (circle one) Yes No Other (explain) _____

If a varied schedule: Normal Number of days scheduled to work per week (best estimate) _____

Average Number of hours worked per shift (best estimate) _____

Earliest possible shift start time _____ Latest possible shift end time _____

If a set schedule: 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 and Title(please print)	Phone
Business Name and Address	Fax
Signature of Person Completing the Form	Date

Questions??? Please contact:

Worker Name CCA Eligibility -	Email ccaapps@dhs.state.ia.us	Phone Number	Fax Number 515-564-4032
Mailing Address Iowa Department of Human Services, CCA Eligibility Unit, 2309 Euclid Ave. Des Moines, IA 50310-5703			