

TO:

Employer	Street Address	City	State	Zip Code
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RE:

Employee's Name	SSN
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Dear Employer:

Please complete the attached *Employer's Statement of Earnings* for the employee named above. The employee has signed this form, authorizing you to release the information needed. Complete these sections:

Starting Employment Ending Employment Amount of Pay Employer Information

If you need additional space for your response, please attach a separate piece of paper.

Please sign and return all copies of the form by _____. We have provided a postage-paid return envelope for your use. If you have any questions, please contact me at _____. Thank you in advance for your prompt attention to this request.

Income Maintenance Worker

Iowa Department of Human Services

Date: _____

Employer's Verification of Earnings

Case #: _____

Worker #: _____

Dear _____

Please complete this form and send or fax it back by _____. The employee has given permission for you to give us this information. Only the checked sections need to be completed. Please attach another sheet of paper if you need more space. Thank you.

Employee Permission

I give my employer permission to share information about my job. I will not take legal action against them for sharing this information. This permission will stop 90 days after the date below.

Employee Last Name	First	SSN	Employee Signature	Date
			X	X

Starting Employment Date started: _____ Date of first check: _____

Rate of pay \$ _____ per hour day week month year

Pay period ends on: _____ (day of week) paid _____ days later on _____ (day of week)

Employee is paid: weekly biweekly monthly semimonthly other _____

Hours of work per week: _____ Average hours of overtime per week: _____

Does employee get tips? Yes No Estimated monthly tips: \$ _____

Does employee get commissions? Yes No Estimated monthly commission: \$ _____

Title of employee: _____ Is health insurance available? Yes No

Ending Employment Reason ended: quit fired laid off other _____

Last date of employment: _____ Date of last check: _____ Gross amount \$ _____

Is this job still available? Yes No Would you rehire this person? Yes No

Amount of Pay Please list the gross amount of pay that the employee will get or has gotten for the time period listed. For future income, please estimate the gross amount.

Time period requesting information for: _____ to _____

Date pay period ends	Date pay received	Gross amount—before taxes/deductions	Hours worked

Is any of the gross amount Earned Income Tax Credit? Yes No If yes, amount \$ _____

Employer Information

Employer/Representative Signature	Phone	Date
Employer's Name	Address	

Questions??? Please contact:

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