



TANANA CHIEFS CONFERENCE

DEPARTMENT OF FAMILY SERVICES

122 1st Ave, Suite 600, Fairbanks, Alaska 99701

Phone (907) 452-8251 Fax (907) 459-3870

WORK STATEMENT

TCC ID#: 92-0040308

(Please have your employer complete the following information. Your assistance is appreciated.)

EMPLOYEE: _____ SSN: _____
EMPLOYER: _____ JOB LOCATION: _____
EMPLOYER ADDRESS: _____ EMPLOYER PHONE: _____

PROVIDE BELOW, IF JOB IS CURRENT OR NEW:

DATE STARTED: _____ GROSS WAGES/SALARY: _____
PAY RATE: _____ TOTAL HOURS PER DAY: _____
ACTUAL HOURS PER DAY: (i.e.; 8:00 a.m. to 5:00 p.m.) _____
DAYS PER WEEK (circle): Sunday Monday Tuesday Wednesday Thursday Friday Saturday

THIS JOB IS (circle): Permanent Temporary Seasonal On-Call
THIS JOB IS (circle): Part-time Full-time Job Training/Work Experience

PAY PERIOD ENDING: _____ PAYDAYS: _____

PROVIDE BELOW, THE MOST RECENT PAY INFORMATION:

PERIOD ENDED	DATE PAY RECEIVED	# HOURS WORKED	GROSS WAGES
1.)			
2.)			
3.)			
4.)			
5.)			

PROVIDE BELOW, THE MOST RECENT PAY INFORMATION:

REASON JOB ENDED (circle)	fired	laid-off	quit
If employee quit or other, give the reason given:			

LAST DAY OF WORK: _____		DATE OF FINAL CHECK AVAILABLE: _____	
GROSS AMOUNT: _____		DATE OF FINAL CHECK RECEIVED: _____	
AMOUNT STILL OWED EMPLOYEE: _____		ANTICIPATED PAY WILL BE GIVEN: _____	
WILL EMPLOYEE BE RETURNING TO THIS JOB: () NO () YES IF YES, WHEN: _____			

Employers Signature and Title:

Date:

Print Name:

White: Eligibility

Yellow: Client Copy

Pink: Project Specialist