



Work Statement

PLEASE HAVE YOUR EMPLOYER COMPLETE THIS FORM. 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 am to 5:00pm):	
Days/Week (Check all that apply) <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	
This Job Is (Check one) <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal On-Call	
This Job Is (Check one) <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Job Training/Work Experience	
Pay Period Ending:	Paydays:

PROVIDE THE MOST RECENT PAY INFORMATION:

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

PROVIDE INFORMATION ABOUT THE END OF THIS WORK:

Reason Job Ended (Check One)	<input type="checkbox"/> Fired	<input type="checkbox"/> Laid Off	<input type="checkbox"/> Quit	<input type="checkbox"/> Other
If employee quit or other, share the reason.				
Last Day of Work:		Date Final Check Available:		
Gross Amount:		Date Final Check Received:		
Amount Still Owed Employee:		Anticipated Date Available:		
Will Employee Return to this Job?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, When?	

Employer's Signature

Date

Employer's Print Name and Title