



Lower Elwha Klallam Tribe
 3080 Lower Elwha Road, Port Angeles, WA 98363
 Phone: 360.565.7257 • Fax: 360.457.8429

DATE: _____

HEAD OF HOUSEHOLD CLIENT IDENTIFICATION NUMBER: _____

STATEMENT OF EARNINGS

The person named below is receiving/has received Tribal TANF. We need to know what he/she earned while in your employ. The period of employment is from _____ to _____. Please list each separate date of pay, gross income, and hours worked for this time period. The form should be signed by an authorized representative of your business. Thank you for your prompt attention to this request.

If you have any questions, please contact:

This person was not employed by this company during the period in question. If checked, do not complete Section II. Go to Section III and sign.

_____ Case Manager
 (360) 565-7257 x. _____
 Telephone Number

SECTION II

EMPLOYEE NAME		SOCIAL SECURITY NUMBER		JOB CLASSIFICATION OR TYPE OF WORK	
PERIOD OF EMPLOYMENT FROM:		TO:		IF TERMINATED, LAST DATE OF EMPLOYMENT	
How often is the employee paid <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Every Other Week <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other					
Is the employee on call? <input type="checkbox"/> Yes <input type="checkbox"/> No					
DATES PAID	HOURS WORKED	GROSS INCOME TO INCLUDE TIPS, DRAWS, COMMISSION	DATES PAID	HOURS WORKED	GROSS INCOME TO INCLUDE TIPS, MEALS, COMMISSION



Lower Elwha Klallam Tribe
3080 Lower Elwha Road, Port Angeles, WA 98363
Phone: 360.565.7257 • Fax: 360.457.8429

DATES PAID	HOURS WORKED	GROSS INCOME TO INCLUDE TIPS, DRAWS, COMMISSION	DATES PAID	HOURS WORKED	GROSS INCOME TO INCLUDE TIPS, MEALS, COMMISSION

SECTION III

The above statement included all salaries or wages paid for by the dates indicated.

SIGNATURE	POSITION	TELEPHONE NUMBER
-----------	----------	------------------