



EMPLOYER STATEMENT OF EARNINGS

Jackson County General Assistance
 201 W Platt Street, Maquoketa, IA 52060

Phone: 563-652-1710 Fax: 563-652-1797
 Email: bchapin@jacksoncounty.iowa.gov

Step 1: Employee

I authorize my employer named below to furnish Jackson County General Assistance any confidential information requested regarding my employment. I forever release and discharge my employer from any liability for divulging this information.

Employee Name Social Security No. Signature

Step 2: Employer

Employer Name: _____

First date of employment: _____

Rate of pay: _____

Frequency of pay: _____

Hours of work per week: _____

If quit / terminated, last day worked: _____

Step 3: Gross income received over the last six (6) weeks

Pay Date Ended	Date Pay Received	Gross Pay	Number of Hours Worked

Step 4: Employer Verification

Employer Representative Name Title Phone No.

Signature Date
