



## EMPLOYER STATEMENT OF EARNINGS

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

Phone: 563-652-1743 Fax: 563-652-0337  
Email: [lburken@jacksoncounty.iowa.gov](mailto:lburken@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

\_\_\_\_\_

\_\_\_\_\_

Do NOT return form to Employee. Return form directly to Jackson County General Assistance  
Lynee Burken, Director 311 W Platt Street, Maquoketa, IA 52060  
Phone: 563-652-4246 ~ Fax: 563-652-0337 ~ Email: [lburken@jacksoncounty.iowa.gov](mailto:lburken@jacksoncounty.iowa.gov)