



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

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
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