

Employer's Statement of Earnings

Jasper County General Assistance  
315 W. 3<sup>rd</sup> St. N., Suite 200  
Newton IA 50208  
641-791-2609 Fax 641-787-1302

I authorize my employer named below to furnish Jasper 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	SSN	Employee Signature
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Employer Name
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Employment Information

First Date of Employment	
Rate of Pay	
Frequency of Pay	
Hours of Work Per Week	

Please list the gross income received for the last 4 weeks.

Date pay period ends	Date pay received	Gross Amount	Hours worked

Employer or representative signature	Title	Phone	Date
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