



CHILD CARE ASSISTANCE PROGRAM

Division of Public Assistance
Child Care Program Office
3601 C Street, Suite 140
PO Box 241809, Anchorage, AK 99524-1809

Office Use Only

EMPLOYMENT STATEMENT

Proof of Income

We need proof of your income to determine your eligibility. You can provide this information to your caseworker or your employer can contact your caseworker directly. This form can be used as a way of providing this needed information.

This form is not mandatory. To use this form, fill out the Employee Section and ask your employer to fill out the Employer Section and sign it. Return the form with your employer's signature to your caseworker.

Employee Section (with my signature, I authorize release of the information on this form)

Employee's Name: _____ Employee Signature: _____

Place of Employment: _____

Social Security Number, optional: _____

Employer Section (to be completed by Employer's Human Resource or Payroll Representative)

Employer Representative's Name: _____

Employer Representative's Signature: _____ Contact Phone: _____

Employee's Gross Monthly Wage: _____ Hourly Rate: _____ # Hours/Week: _____ # Days/Week: _____

Employee's Typical Work Schedule: _____

Is the Job: Full Time Part Time Temporary On-Call Seasonal

How Often Paid: Weekly Every Two Weeks Twice a Month Monthly

Other Compensation: Tips Room and Board Commissions Bonus

Monthly Amount of Other Compensation: _____

List the information below or Attach the Employee's Three (3) Most Current Paystubs:

| Pay Period End Date | Date Pay Received | # of Regular Hours | # of Overtime Hours | Gross Pay |
|---------------------|-------------------|--------------------|---------------------|-----------|
| | | | | |
| | | | | |
| | | | | |

If New Employment: Employment Start Date: _____ Date First Pay Issued: _____

If No Longer Employed: Last Date Worked: _____ Date Final Pay Issued: _____

Gross Amount of Final Pay: _____

If only verifying employee's work location please provide:

Work location (City/State): _____ Date began at this location: _____

Family ICCIS Case Number: _____

Caseworker Name: _____ Phone: _____ Fax: _____