

Case Worker _____

Case Number _____

State of Alaska
Heating Assistance Program
PO BOX 110642
Juneau, Alaska 99811-0642
Phone (907)465-3058
Toll-free (800)470-3058
Fax (907)465-3319

WORK STATEMENT

*Employer: Please complete all application information on the lines below.

Employee Name: _____

SSN: _____

Occupation: _____

Employer Name: _____

Date employment began (if employment began in the month listed below): _____

Date first paycheck issued (if employment began in the month listed below): _____

Date employment ended (if employee is no longer working for you): _____

Date last paycheck was issued: _____ Gross amount issued: _____

Gross Pay Issued in the Month of: _____

Gross Pay	Issue Date	Tips Received

Employer Name (Please Print): _____

Employer Signature: _____ Date: _____

Employer Phone: _____ Employer Address: _____

**** NOTE: The Employer Must Complete & Sign This Statement****

Employee Signature: _____ Date: _____