



CASH EMPLOYMENT INCOME LOG

(Must be completed by Employer)



FOR THE WEEK OF _____ - _____

Employee Name (Print) _____

(MUST SUBMIT FOUR OF THESE PAGES FOR LAST FOUR WEEKS OF WORK PLUS NOTARIZED STATEMENT PAGE)

DAY	HOURS WORKED	LIST JOBS/EMPLOYER	AMOUNT COLLECTED/GROSS INCOME
SUNDAY			
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
TOTAL HOURS:		TOTAL COLLECTED/GROSS:	\$

****Section below must be completed by employer and all section must be complete for this form to be valid.****

Name of Business/Employer: _____

-I certify that the information I have provided above with regards to hours worked and payment is true and complete.

-I am aware that if I knowingly provide false information, that I will be reported to the Department of Law Enforcement Division of Public Assistance Fraud and can be prosecuted for Fraud.

Signature of Employer: _____ Date: _____

Print Name: _____ Title: _____