



EMPLOYER STATEMENT

I hereby authorize release to the Department of Family Services and authorized LIEAP agent all the information relating to my employment and income.

Employee's Printed Name: _____

Employee's Address: _____

Employee's Signature: _____ **Date:** _____

*Under the authority of Wyoming Statute 42-2-109, the State of Wyoming requests income verification in order to verify eligibility for state programs. **This form is to be completed by the employer or employer's designee.***

1. Date of hire: _____ Date started working: _____ Date first check received: _____
2. Occupation: _____
3. How often paid: ☐ Weekly ☐ Every other week ☐ Twice a month ☐ Monthly
4. What dates of the month is the paycheck received: _____
5. What date or day of the week do pay periods end? _____
6. What is the date the first pay period ends or ended on? _____
7. Is the employee's income: ☐ Fluctuate (varies each pay period) **or** ☐ Stable (same amount every month)?
8. If stable, what is the gross weekly, bi-weekly, semi-monthly or monthly pay? _____
9. If fluctuating, what is the average number of hours that will be worked per week? _____
10. What is the rate per hour? _____ Average number of hours per day? _____
11. Does the employee work overtime? ☐ Yes ☐ No
If yes, how many hours of overtime is worked per week? _____ What is the overtime rate of pay? _____
12. Does the employee receive tips/commissions? ☐ Yes ☐ No
If yes, how much is received weekly? _____
13. Does the employee work shifts? ☐ Yes ☐ No If yes, does the employee receive differential pay for these hours? ☐ Yes ☐ No
What is the average number of hours worked and the rate of pay per week? _____
14. Date employment ended: _____
15. Date of final Check: _____ Gross Amount: _____
16. Date last check available: _____
17. Reason for leaving? ☐ Quit ☐ Laid off ☐ Fired ☐ Other (Please explain) _____

18. Amount of severance, vacation or any lump sum payment: _____

Date available to employee? _____

Please complete the Pay Information for the past 90 days. You may provide DFS with a copy of wage stubs or a computer printout containing the requested information in lieu of completing the pay information if you wish.

PAY INFORMATION FOR PERIOD
PAST 90 DAYS

Pay Period Ending	Date Paid	Hourly Rate of Pay	Regular Hours Worked	Regular Gross Wages	Overtime or Differential Hours	Overtime or Differential Gross Wages	Tips Commissions Bonuses	Total Gross Wages

Employer or Designee Printed Name and Title

Employer or Designee Signature

Date

Contact Phone Number

Contact Email Address

Business Address (Street, City, Zip Code)

THANK YOU VERY MUCH FOR YOUR COOPERATION AND PROMPT REPLY.