



BRISTOL BAY NATIVE ASSOCIATION

PO BOX 310 DILLINGHAM ALASKA 99576

Workforce Development Center

PHONE:(907) 842-2262

TOLL FREE 1-888-285-2262

Tribal TANF

FAX: (907) 842-1293 TOLL FREE FAX: 1-800-948-1293

WORK STATEMENT

Payroll Phone Number: _____ Caseworker: _____
Payroll Rep. Name: _____ Fax: _____
Payroll Rep. Title: _____ SSN or Case #: _____

EMPLOYEE: _____ SSN: _____

I hereby authorize the release of employment information.

EMPLOYEE SIGNATURE: See attached Release of Information Form DATE: _____

Employer: Please complete the following. Your cooperation is appreciated.

EMPLOYER: _____ JOB LOCATION: _____

JOB TITLE: _____ DATE STARTED: _____

(Please circle one) F/T P/T PERM TEMP SEASONAL ON-CALL WORK STUDY

RATE OF PAY: _____ HOURS PER DAY: _____ DAYS PER WEEK: _____

DATE 1ST CHECK ISSUED: _____ GROSS AMOUNT: _____

If this is a new job, please list: ISSUE DATE OF 2ND CHECK: _____ 3RD CHECK: _____

PAY PERIOD END DATES: _____ PAY DAYS: _____

Please provide the following information for the last four (4) pay periods:

PERIOD ENDED	DATE PAY RCVD.	# HOURS WORKED	GROSS ISSUED	OTHER COMP.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

WHAT OTHER COMPENSATIONS ARE AVAILABLE? i.e., tips, bonuses, commissions, room and board, meals, trade of any kind, draws, income tax credits. PLEASE EXPLAIN

MEDICAL INSURANCE CO: _____ COVERAGE TYPE: _____ POLICY START DATE: _____

JOB ENDED INFORMATION

JOB ENDED DATE: _____ LAST DAY WORKED: _____

REASON JOB ENDED: FIRED _____ QUIT _____ LAID OFF _____
NO SHOW - NO CALL TERMINATION _____ OTHER _____

DATE FINAL CHECK AVAILABLE: _____ DATE RECEIVED: _____ GROSS AMOUNT _____

WILL THIS EMPLOYEE RECEIVE ANY OTHER MONIES RELATED TO THIS JOB ENDING? YES or NO

Please explain if yes: _____

EMPLOYER OR PAYROLL REP. SIGNATURE: _____ DATE: _____