

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 (4) WEEKS OF WORK and 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 Authorized Representative: _____

Employer: _____

- I hereby certify that the information I have provided above regarding hours worked and payment is true and complete. I am aware that if I knowingly provide false information, I will be reported to the Department of Law Enforcement Division of Public Assistance Fraud and can be prosecuted for fraud.

Signature of Authorized Representative: _____

Title: _____ Date: _____

**Quality
Child Care
Matters!**

REV: 10.6.26