



**NOOKSACK TRIBAL SOCIAL SERVICE DEPARTMENT  
STATEMENT OF EARNINGS**

I hereby authorize my employer to provide the following information regarding my employment to the Nooksack Tribal Social Services Department.

Print Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To the Human Resources Director:**

In order to provide services to the above client, we need to verify income. Please complete all fields below, if they do not apply, please fill in with N/A.

Hours Per Week: \_\_\_\_\_ Overtime Hours Per Week: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_ Overtime Pay: \_\_\_\_\_ Estimated tips: \_\_\_\_\_

Scheduled Bonus: \$ \_\_\_\_\_ Frequency: \_\_\_\_\_ Year-To-Date Annual Income: \_\_\_\_\_

Pay Periods are: Weekly \_\_\_\_\_ Biweekly \_\_\_\_\_ Monthly \_\_\_\_\_

Temporary employment: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Permanent employment: Yes \_\_\_\_\_ No \_\_\_\_\_ Initial Start Date: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Address: \_\_\_\_\_

Human Resources Representative: \_\_\_\_\_

Human Resources Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Return signed form to: By Mail to: Email at: Fax: 360-306-5099  
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