



PORTAGE TOWNSHIP TRUSTEE

St. Joseph County, Indiana

133 NORTH WILLIAM STREET • SOUTH BEND, INDIANA 46601

Phone 574 233 2126

Fax 574 233 2144

WAGE STATEMENT

EMPLOYEE NAME _____ CASE # _____

ADDRESS _____ SOC. SEC # _____

I give permission for the employer listed below to release all requested information to the Portage Township Trustee.

SIGNATURE _____ DATE ____/____/____

EMPLOYER _____ DATE ____/____/____

ADDRESS _____ CITY _____ STATE _____

The Portage Township Trustee's Office requires the following information regarding the Employee named above so that we may determine if the Applicant or family member is eligible for Township Assistance.

DATE OF HIRE ____/____/____ DATE FIRST CHECK RECEIVED ____/____/____

WAGES/HOURLY RATE \$ _____ HOURS PER WEEK _____

DOES EMPLOYEE RECEIVE TIPS? YES NO ARE TIPS INCLUDED IN PAYCHECK? YES NO

PAYCHECKS ARE RECEIVED WEEKLY BI-WEEKLY DAY OF WEEK CHECK RECEIVED _____

HOW MANY DAYS AFTER PAY PERIOD ENDS IS PAYCHECK RECEIVED? _____

IF NO LONGER WORKING, WAS EMPLOYEE LAID OFF, TERMINATED, RESIGNED.

DATE OF SEPARATION FROM EMPLOYMENT? _____

IF ON SICK LEAVE, IS THERE DISABILITY BENEFIT OR WORKER'S COMPENSATION YES NO

IS EMPLOYEE SCHEDULED TO RETURN TO WORK? YES NO. DATE ____/____/____

TERMINATION DATE ____/____/____ FINAL CHECK DATE ____/____/____

PLEASE COMPLETE BACK SIDE OF THIS FORM

