STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE SERVICES

JOE LOMBARDO
Governor

RICHARD WHITLEY, MS
Director

ROBERT THOMPSON
Administrator

☐ TANF ☐ MEDICAID ☐ SNAP

Date: ______________________

Case Name: ______________________

Case ID: ______________________

EMPLOYER PAYROLL STATEMENT

Please list below all monies (earnings, sick pay, vacation pay, disablility, etc.) PAID OR ANTICIPATED TO BE PAID (regardless of when earned) to client **OR** provide a printout of wages for same period IN:

For: (Month/Year) ______________________

Pay Period Ending	Date Pay Received	No. of Hours Worked	Gross	Tips (Not Included in Gross)

For: (Month/Year) ______________________

Pay Period Ending	Date Pay Received	No. of Hours Worked	Gross	Tips (Not Included in Gross)

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Signature | Print Name | Title | Date | Telephone Number