Washington State Department of Social & Health Services
Transforming lives

ECONOMIC SERVICES ADMINISTRATION (ESA)
DIVISION OF PROGRAM INTEGRITY (DPI)

DPI Statement of Earnings

Employee Name		
Verification of paychecks received for time period listed on cover letter: ☐ No wages or earnings were paid to the above named for the period listed. ☐ Above named has never been employed by this business / company. ☐ Above named was employed or received earnings for the above period as follows:		
Job Classification (or type of work) ☐ Full time ☐ Part time		
Start Date	First Pay Date	Date Last Worked
Reason Job Ended		
Last Known Address		

Copies of Payroll Records are Acceptable

Pay Period Ending Date	Actual Pay Date	Gross Pay	Pay Rate	Number of Hours Worked	Tips / Commissions
		$	$		$
		$	$		$
		$	$		$
		$	$		$
		$	$		$
		$	$		$
		$	$		$
		$	$		$
		$	$		$
		$	$		$
		$	$		$
		$	$		$
		$	$		$
		$	$		$
		$	$		$
		$	$		$

Signature	Date	Printed Name / Title
Business Name		Telephone