



**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			
<b>TOTAL HOURS:</b>		<b>TOTAL COLLECTED/GROSS:</b>	\$

**\*\*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 with regards to hours worked and payment is true and complete. I am aware that if I knowingly provide false information, that 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: \_\_\_\_\_



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