# Statement of Earnings

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| This statement is to confirm that | | | |  | | | | | received the following | | |
|  | | | *(Name of employee)* | | | | |  | | | |
| amount of **gross income** before any deductions such as taxes and social security insurance: | | | | | $ | |  | | | | |
|  | | | | | | | | | |  |  |
|  | Weekly | | | | | | | | | | |
|  | Every two weeks | | | | | | | | | | |
|  | Twice a month | | | | | | | | | | |
|  | Monthly | | | | | | | | | | |
|  | Other: |  | | | | | | | | | |
|  |  |  | | | | | | | | | |
| Please indicate the date of the paycheck listed above: | | | | | |  | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature of employer |  | Date | | |
|  |  |  | | |
| City |  | State |  | Zip code |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Telephone number: | ( |  | ) |  | − |  |

**Nondiscrimination Statement:** This explains what to do if you believe you have been treated unfairly.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail: U.S. Department of Agriculture  
   Office of the Assistant Secretary for Civil Rights  
   1400 Independence Avenue, SW  
   Washington, D.C. 20250-9410; or
2. fax: (833) 256-1665 or (202) 690-7442; or
3. email:[program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.