STATE OF HAWAII
Department of Human Services

FAMILY AND ADULT SERVICES DIVISION

REPORT OF EARNINGS

CASE NAME: _____ CASE NO. _____ EMPLOYED PERSON: _____

PAID: [ ] WEEKLY [ ] BI-WEEKLY [ ] SEMI-MONTHLY [ ] MONTHLY DAY(S) PAID: _____

EMPLOYER/PLACE OF EMPLOYMENT: _____ JOB TITLE: _____

DATE STARTED: _____ DATE TERMINATED: _____ TIPS: [ ] YES [ ] NO

PAY PERIOD ENDING	DATE PAID	GROSS WAGES (LESS TIPS)	TIPS	TOTAL GROSS (WAGES & TIPS)	MEDICAL PREMIUM	HOURS WORKED	YEAR-TO-DATE	NOTES
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