PRIOR PERIOD EARNINGS DECLARATION

EMPLOYEE / DECLARANT INFORMATION

FULL NAME

EMPLOYEE ID / NATIONAL ID

JOB TITLE

DEPARTMENT

EMPLOYER INFORMATION

COMPANY NAME

TAX REGISTRATION NUMBER

COMPANY ADDRESS

STATEMENT OF EARNINGS

Pay Period (From - To)	Gross Earnings	Deductions / Taxes	Net Earnings Received
Total:			

DECLARATION & AUTHORIZATION

I hereby certify and declare that the information provided in this Statement of Prior Period Earnings is true, accurate, and complete to the best of my knowledge. I understand that any false or misleading information details provided herein may be subject to administrative, disciplinary, or legal action. I authorize the verifying authority to contact the employers listed or utilize other appropriate means to verify the accuracy of the financial information declared above.

Signature of Employee / Declarant

Date

Signature of Authorized Witness / HR Representative

Date