

South Central Ohio Job and Family Services

Hocking, Ross and Vinton Counties

Dear _____,

Date: _____

It has been reported that you recently _____ employment with _____. **Please take this form to your employer or payroll person to complete. The original copy is to be returned to our office no later than _____.** A return envelope has been provided.

Name: _____

Caseworker: Change Team

Address: _____

Case Number: _____

SSN: _____

*****Your first 4 weeks pays are required as received*****

RELEASE: My employer may release the following information.

Your Signature

EMPLOYER PLEASE COMPLETE BELOW:

Job Title: _____

Date Employment Began: _____ Wage Per Hour: _____

Average Hours Per Week (please be as specific as possible): _____

Date Received First Check: _____ Gross Amount: _____

When Paid: ☐ Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly

Day of the Week Paid: _____ Tips (if applicable): _____

Commission (if applicable) _____

Medical Insurance: ☐ Yes ☐ No Effective Date _____

If employment has ended, effective date _____ Date received last check _____

Gross Amount _____ Reason no longer employed _____

	Pay Date	Gross Wages
Employer: _____	_____	_____
Address: _____	_____	_____
Phone: () _____	_____	_____
Signature of person completing this form _____	Title _____	

For questions, please call 1-855-726-5237. You may also return this form via FAX to 1-740-772-7514. Thank you for your cooperation in the prompt return of this form.