**Employer:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone #  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax #**

**Employee’s Name:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Case #**:

Start Date of EMPLOYMENT:  \_\_\_\_\_\_\_\_\_\_\_ Last 4 digits of SSN#: \_\_\_\_\_\_\_\_\_\_\_\_

Number of Hours Employed Weekly:  \_\_\_\_\_\_\_\_ Hourly Rate of Pay: $ \_\_\_\_\_\_\_\_\_\_\_\_*By my signature below, I hereby authorize the following information to be released to determine eligibility for public assistance benefits:*

--------------------------------------------------------------------------------------------------------------------- ***Employer:  Please answer all questions in the checked section:***

Due Back within 10 days of receipt:

**BEGINNING EMPLOYMENT**

Date employment began: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date 1st pay due or received: \_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hourly rate: \_\_\_\_\_\_\_\_ If salary, monthly gross: \_\_\_\_\_\_\_\_\_\_

Average number of hours scheduled per week: \_\_\_\_\_\_\_\_\_\_\_\_\_

**(Please give estimate if new position or if hours vary)**

Pay frequency: weekly     bi-weekly     monthly    bi-monthly    other\_\_\_\_\_\_\_\_\_\_\_\_\_

Is employee paid special incentive/bonuses/commissions outside regular pay? Yes/No Tips? Yes/No

If yes, how often\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expected amount per payment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Effective date of insurance coverage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of individuals covered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **ENDING EMPLOYMENT**

Date employment ended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of final pay & gross amount: $\_\_\_\_\_\_\_\_\_\_\_

Reason for termination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If layoff, approx. date of expected recall: \_\_\_\_\_\_\_\_\_ Last date of insurance coverage: \_\_\_\_\_\_\_

**\*\*\*\*Please report gross earnings for each pay period or provide a payroll report\*\*\***

Date paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gross Earnings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gross Earnings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gross Earnings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gross Earnings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gross Earnings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of employer representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title \_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

**PLEASE RETURN FORM BACK TO South Central Ohio Job and Family Services**

**Mailing:** **475 Western Ave, STE B, Chillicothe, OH  45601**

**Fax:** **740-772-7514**

**E-Mail:** **SCOJFSPA@jfs.ohio.gov**

**INSTRUCTIONS FOR THE COMPLETION OF THE EMPLOYMENT VERIFICATION FORM**

Our agency has received information of a change in employment.  On the reverse side, you will find an Employment Verification Form.  To ensure that your case is updated in a timely manner, please complete the following:

1. Sign and date the enclosed Employment Verification Form.  This gives your employer permission to release the requested information to our agency.  Please return the signed form back to this agency.

1. Take the form to your employer and have them fill it out and return it by the due date listed on the form.  **If you are having difficulty getting your employer to complete, return this form to SCOJFS who will forward it to your employer.**

To determine your eligibility for ongoing benefits, this form must be returned by the due date.  **Failure to provide the requested information by the due date may result in a denial of your application or termination of your benefits.**  If you need assistance in obtaining this information, please contact this agency at 844-640-6446.