

COLUMBIANA COUNTY

Department of Job & Family Services
Child Support Enforcement Agency

110 North Nelson Avenue, Lisbon, Ohio 44432 Phone: (330) 424-1471 — FAX: (330) 424-0925
110 North Nelson Avenue, Lisbon, Ohio 44432 Phone: (330) 424-7781 — FAX: (330) 424-0931

Director
Eileen Dray-Bardon

Date:		Employer Name:	
Case Name:		Street Address:	
Case Number:	Worker:		
Phone Number: (330) 424-1471 – Ext.		City, State, Zip:	

Employee Name: _____

By my signature below, I hereby authorize the following information to be released to determine eligibility for Public Assistance benefits:

Signature of Employee	Date	Social Security Number
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Employer: Please check your records and complete this period from _____ To _____

Entire Form Only Items Highlighted Or Comparable Payroll Computer Printout

A Return Envelope is enclosed for your reply. Thank you for your cooperation.

Current Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Not Employed <input type="checkbox"/> Never Employed	Date Employment Began:	Date Employment Ended:
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Reason for Termination of Employment: Quit Fired Laid-Off Off Temporarily (Explain) Other (Explain)

Comments: _____

Employee is Paid: Weekly Every Two Weeks Twice a Month Monthly Other (Explain)

Number of Hours Worked Weekly: _____

Pay Period Ending Date	Actual Date Pay Received	Number of Hours Worked	Rate	Gross Earnings	Tips	Pay Period Ending Date	Actual Date Pay Received	Number of Hours Worked	Rate	Gross Earnings	Tips

Does your company participate in the Advanced Earned Income Credit Program? YES NO

If Yes, is the above employee participating in the program as of this date? YES NO

Is Employee eligible for increase after probationary period? YES NO If Yes, indicate the amount \$ _____

Is Employee eligible for profit sharing? YES NO

Are there any other deduction taken from gross pay such as: Credit Union Child Support Hospitalization Other

Explain _____

To your knowledge is this employee eligible to receive Health Insurance Employment Sick Benefits

Unemployment Compensation Workers' Compensation: Explain _____

Signature of Individual Supplying Information	Title/Telephone Number	Date
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