

ASHLAND COUNTY DEPARTMENT OF JOB & FAMILY SERVICES

Director
J. Peter Stefaniuk

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Commissioners
J.E. Justice
Michael Welch
Denny Bittle

TO BE COMPLETED BY EMPLOYER

Date: _____ Return to ACDJFS by: _____
Employer: _____ RE: _____
Case #: _____ Social Security #: XXX-XX-_____

The above named person has requested assistance from this agency. In order to establish eligibility, it is necessary to obtain the following employment information.

Will client receive a W2 or 1099? _____
Date of Hire: _____ Date of Termination: _____
Hours per Week: _____ Date last check will be received: _____
Rate per Hour: _____ Reason for Termination: ___Quit, ___Fired,
___Laid Off, ___Off temporarily, ___Other
Est. average tips per week: _____ Explain: _____
Date first check will be received: _____
Paid: ___weekly, ___bi-weekly, ___monthly
___twice monthly, ___other _____
*****Please verify when health insurance terminated: _____**

Please verify actual **gross pays** received for/in: **HIRED IN AVERAGE HRS/WEEK**

Date pay received	Gross pay	Tips	Date pay received	Gross pay	Tips

Do you file advance earned income with form W-5? _____
Are there any other deductions taken from gross pay, such as ___Credit Union, ___Child Support, ___Sick Benefits, ___Hospitalization, ___Other? Explain: _____

Vacation pay due: ___No ___Yes Amount: _____
Strike pay: ___No ___Yes Amount: _____

To your knowledge, is this employee eligible to receive ___health insurance, ___employment, ___sick benefits, ___unemployment, ___worker's compensation Explain: _____
First day benefits will be received: _____
Amount: _____

Person Completing Form

Date

Employer's Phone number: _____