ASHLAND COUNTY DEPARTMENT OF JOB & FAMILY SERVICES

Director
James Williams, MBA

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Ashland, Ohio 44805
(419) 282-5000 Phone
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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.

_____.
Eligibility Referral Specialist

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

Date first check will be received: _____ Explain: _____

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: _____

Employer's Phone number: _____

_____ _____

Person Completing Form *Date*