

**PORTAGE COUNTY DEPARTMENT OF JOB & FAMILY SERVICES  
VERIFICATION OF TERMINATION OF EMPLOYMENT**

<b>Date:</b>	<b>Employed Person:</b>
<b>Case Name:</b> SAME	<b>Social Security Number:</b>
<b>Case Number:</b>	
<b>I authorize the requested information to be released to Portage County Department of Human Services.</b>	
<b>Employed Person</b>	<b>Date:</b>

**Dear Employer:**  
Please complete the following information to insure that proper benefits are issued to this household.

<b>Employer:</b>	<b>Company Telephone:</b>
<b>Employer Address:</b>	<b>Company Tax ID Number:</b>
<b>Employer City, State, Zip</b>	
<b>Date Employment Ended:</b>	<b>Gross Wages Received in Final Month</b>
<b>Last Day Worked:</b>	<b>Worker's Comp. Claim &amp; Dates:</b>
<b>Date of Final Pay:</b>	<b>Entitled to Sick Benefits:</b>
<b>Reason for Separation:</b>	

<b>Person Completing this Form:</b>			
<b>Name</b>	<b>Title</b>	<b>Telephone No.</b>	<b>Date</b>

<b>Thank you for your cooperation and promptness</b>			
<b>SIGNATURE OF CASEWORKER</b>	<b>DATE</b>	<b>DISTRICT</b> 67	<b>TELEPHONE</b> 330-297-3750
Return to PORTAGE COUNTY DEPARTMENT OF JOB & FAMILY SERVICES 449 South Meridian Street, P.O. Box 1208 Ravenna, OH 44266			<b>FAX:</b> (330) 297-3439