



Ashland County
 15 West Fourth St.
 Ashland, OH 44085
 Ph: 419-282-5000
 Fax: 419-282-5010

Harrison County
 520 N. Main St.
 Cadiz, OH 43907
 Ph: 740-942-2171
 Fax: 740-942-2370

Jefferson County
 125 South Fifth St.
 Steubenville, OH 43952
 Ph: 740-282-0961
 Fax: 740-282-5765

Washington County
 1115 Gillman Ave
 Marietta, OH 45750
 Ph: 740-374-5313
 Fax: 740-374-7692

Portage County
 449 South Meridian St.
 Ravenna, OH 44266
 Ph: 330-297-3750
 Fax: 330-297-3439

Richland County
 171 Park Avenue East
 Mansfield, OH 44902
 Ph: 419-774-5400
 Fax: 419-774-0051

Tuscarawas County
 389 16th Street SW
 New Philadelphia, OH 44663
 Ph: 330-339-7791
 Fax: 330-339-6388

Name and Address of Business

For County Use Only

Case Name
Return to County
CRISE # Unit
OB Case #
Fax Number
Date Mailed
Date Received

EMPLOYMENT VERIFICATION

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

Signature of Employee	Date	Date of Birth	Last 4 digits SS# XXX-XX-
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Employer, please check your records and complete for all gross pays received from _____ to **PRESENT**
 Entire Form Only Items Highlighted or Comparable Payroll computer Printout
 A return envelope is enclosed for your reply. Thank you for your cooperation.

Current status: <input type="checkbox"/> Employed <input type="checkbox"/> Attending training <input type="checkbox"/> Not participating	Begin Date	End Date
Reason for Termination of Employment <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Laid Off <input type="checkbox"/> Off Temporarily (Explain) <input type="checkbox"/> Other (Explain)		
Comments:		
Employee is Paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Every Two Weeks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Explain)		
Number of Hours Worked Weekly	Current Hourly Rate of Pay	Day of Week Paid

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

Are there any other deductions taken from gross pay such as Credit Union, Child Support, Hospitalization, Other Explain _____

To your knowledge is this employee eligible to receive Health Insurance, Sick Benefits, Unemployment Compensation, Workers Compensation? Explain _____

Signature of Individual Supplying Information	Title/Phone Number	Date
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