

Butler County's Department of Job & Family Services

315 High Street, P.O. Box 4000, Hamilton, OH 45012-4000

Hamilton (513) 887-4000; Fax - (513) 887-4334

Middletown (513) 425-8625; Fax - (513) 425-8777

EMPLOYMENT VERIFICATION REQUEST

Caseworker	Phone	Date
Employer Name:	Employee Name	
Employer Address:	Social Security Number	
Employer Phone	Case Number	
<p>Employer: We would appreciate your completion of the following information regarding the above employee or former employee. This information is necessary for our department to determine eligibility for our benefits or services. If the employee's signature does not appear below allowing for the release of information, an Administrative Subpoena has been provided for the release. Pursuant Food Assistance Manual Section 2452, a release of information is not required for food assistance eligibility determination.</p> <p>Employee Signature for Release of Information: X Date: X</p>		

Name of Employment Site	<input type="checkbox"/> JTPA <input type="checkbox"/> VISTA <input type="checkbox"/> Stipend <input type="checkbox"/> Work Study <input type="checkbox"/> Temp Agency <input type="checkbox"/> Employee is Subcontractor		
Employer I.D. Number	Employee's Job Title	# Dependents Claimed:	
<u>First Day</u> of Employment:	Date of <u>First Pay</u>	<u>Last Day</u> of Employment	Date of <u>Last Pay</u>
Reason for Leaving:			

Current Hourly Rate: \$	Day of Week Paid:	Sun	Mon	Tues	Wed	Thur	Fri	Sat
Pay Period Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Other/specify _____								
Number of Set Hours Hired to Work Per Pay Period: _____								
Number of Hours Will Vary From _____ To _____ per Pay Period								
Overtime is <input type="checkbox"/> Not expected to be worked in the future <input type="checkbox"/> Worked routinely monthly								
Any interruption while employed during above period? From Date: _____ To Date: _____								
Is there an anticipated end date for this employment site? Date: _____								
Strike Start Date:			Strike End Date:			Effective Lockout Date:		

Is the employee enrolled in health insurance?	Begin Date	End Date
No Yes		
Name/Address of Insurance Company:		
List Members Covered:		

LIST EMPLOYEES LAST 6 WEEKS PAYS

Period Ending	Date Received	Hours	Hourly Rate	Gross Pay without Tips, Bonus or Commission	Tips	Bonus or Commission	EIC Amount Included In Gross	Garnishment	Child Support

EMPLOYER: PLEASE CONTINUE ON REVERSE SIDE

Caseworker	Employee Name	Casenumber
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EMPLOYMENT HISTORY: <u>Only</u> complete this section if time period indicated. When completing this section it is <u>important the wages are listed in the month they were actually received</u> (not the month earned).	Time Period Requested:											
		From Month/Year				To Month/Year						
20____	JAN	FEB	MARCH	APRIL,	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
Gross Pay Without Tips/Bonus/Commission												
Tips												
Bonus/Commission												
EIC Amount Included in Gross												
Garnishment												
Child Support												

20____	JAN	FEB	MARCH	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
Gross Pay Without Tips/Bonus/Commission												
Tips												
Bonus/Commission												
EIC Amount Included in Gross												
Garnishment												
Child Support												

Other Information Requested:	Employer Response to Other Information Requested:
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Employer Signature	Title	Phone	Date
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