



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

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

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

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

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

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

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

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:

☐ Employed ☐ Attending training ☐ Not participating

Begin Date

End Date

Reason for Termination of Employment

☐ Quit ☐ Fired ☐ Laid Off ☐ Off Temporarily (Explain) ☐ Other (Explain)

Comments:

Employee is Paid:

☐ Weekly ☐ Every Two Weeks ☐ Twice a Month ☐ Monthly ☐ 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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