

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

<b>Date:</b>	<b>Employed Person:</b>
<b>Case Name:</b>	<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 Hired /Recalled:</b>	<b>Hours Per Week:</b>
<b>Rate of Pay:</b>	<b>Pay Frequency :</b>
<b>Date of First Pay:</b>	<b>Day of Week Paid :</b>
<b>Pos. Title / Job Title :</b>	<b>Does your company provide Health Care:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Does your company participate in the Advanced Earned Income Credit Program?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If YES, is the above employee participating in the program as of this date?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you reimburse this employee for Day Care?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Please complete with the most recent pay history( up to six (6) weeks of pays) if applicable:**

Pay Period End Date	Actual Date Pay Received :	Number of Hours Worked	Rate	Gross Pay	Tips. If Applicable	Child Support Deduction

**Person Completing this Form:**

<b>Name</b>	<b>Title</b>	<b>Telephone No.</b>	<b>Date</b>
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**Thank you for your cooperation and promptness**

<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 PCJFS 01900			<b>FAX:</b> (330) 297-3439