

FCDJFS-534 (Rev. 09/2013)

Northland Village: 1721 Northland Park Ave

West COC: 314 N. Wilson Rd. East COC: 1055 Mt. Vernon Ave. (614) 233-2000 FAX (614) 233-2398

Employer Name: Address:					OV ONE	nformation will VF (ADC) dicaid ability Assistan od Stamps ild Care eer:	ce		
I agree that the compa Family Services. I an public assistance. I re may be given to the p	n aware alize th	of my responat if the requ	nsibilitie tested in	es to report comp formation revea	pletely and fully ls that I have in	y all acts which	hear unon	artment of Job and my eligibility for all action, the information	
Signature of Applicant/Recipient						Date			
Prompt completion ar returning the verificat for your cooperation of	10n by 1	nail, please i	ise the a	d both our agend gency envelope	cy and the clien provided and r	t in the comple eturn it within	etion of this ten workin	case. If you are g days. Thank you	
Company Name Company Address						Federal ID Tax Number			
Starting date of employment How often employee is paid: Number of hours contracted to work a week:					Rate of pay				
Beginning	HOU	RS SCHEDI		O WORK	Wednesday	Thursday	Friday	Saturday	
Ending									
Gross earnings for the		our pay perio		ours Worked	Gross	+ Tipe	Dadu	ations	
			Tron 120 Mile Worked		Gross + Tips		Deductions		
If employment has end Date of last check and Please indicate why e	d gross	amount of th	at check						
Emp	loyer's	Signature an	d Title			Employe	r's Phone N	umber	
Name of ECDIES B	ontati			or Office Use Onl	ly	12			
Name of FCDJFS Representative			Unique	e Identifier		Phone	F	ax	
Case Number		Date		Recipient			SS#		