



**Child Support Enforcement Agency
Corey Clark, Director**

• 239 West Main Street, Lancaster, Ohio 43130
• (740) 687-7155 • www.fcjfs.org

Change of Employment

This form authorizes Fairfield County Child Support Enforcement Agency (CSEA) to change your employer name and address. Please complete the entire form and return it to CSEA by mail or by fax. The mailing address and fax number are listed at the bottom. **Remember to sign the form.** Fairfield County CSEA can only change the employer of the individual whose signature appears below.

Authorization

I, _____, authorize
(Please print your full name.)

Fairfield County CSEA to change my employer name and address:

From : (Your old employer)

Name:		DOB:
Street Address:		
City:	State:	Zip:
Pay roll Contact:	Phone:	FAX:

To: (Your new employer)

Name:		
Street Address:		
City:	State:	Zip:
Pay roll Contact:	Phone:	FAX:

Effective Date

My employment change is effective on:

Month: _____ Day: _____ Year: _____

Identifying Information (The following information is needed to ensure that your case(s) is updated correctly.)

Other Party to this case:	Other Party to additional case(s):
Case/Order Number:	Case/Order Number for additional case(s):
Social Security Number:	Phone Number:

Signature

Your Signature

Date

Return this form by:

Mail: Fairfield County CSEA
239 W. Main St.
Lancaster, OH 43130

Fax: (740) 687-6787