

Customer must complete this form with reported ending employment date and the date/anticipated amount of final pay. Sign, date, and return to agency by the due date.

EMPLOYEE DECLARATION OF ENDING EMPLOYMENT

Employer Information

Due Date -

| | |
|--------------------------------|----------------|
| Employer Name (Please print) | Date |
| Employer Street Address | Employer Phone |
| Employer City, State, Zip Code | Employer Fax |

Employee Declaration

My Name (please print) _____ /Case Number - _____ /
(Last Four Digits of my SSN)

Date I started this job: _____ Date I last worked: _____

Date of my final pay: _____ Gross amount of my final pay: _____

I left this employment: voluntarily involuntarily

By signing below, I am authorizing my employer to confirm the information I provided on this form or to provide corrected information.

My signature also indicates my acknowledgement of the following statements:

"I understand there are penalties for leaving out or providing false information. I know I may be required to repay the value of any benefit issued in error. I acknowledge I may be disqualified from receiving assistance in the future and I can be fined and/or prosecuted if I do not tell the truth. The information I provided on this form is correct and complete to the best of my knowledge."

Employee's signature: _____

Date _____ Phone _____

EMPLOYER CORRECTIONS:

Employer Signature: _____ Contact Number: _____

Fairfield County Job & Family Services
Community Services
239 W. Main Street
Lancaster, OH 43130
(740)652-7889 or 1-800-450-8845
Fax: (740)689-4848
Case23@jfs.ohio.gov