



**COUNTY OF SAN LUIS OBISPO
DEPARTMENT OF SOCIAL SERVICES**

<input type="checkbox"/> Arroyo Grande 1086 Grand Ave. CA 93420-2505 (805) 474-2000 FAX (805) 474-2134	<input type="checkbox"/> Atascadero 9415 El Camino Real CA 93422-5513 (805) 461-6000 FAX (805) 461-6036	<input type="checkbox"/> Morro Bay 600 Quintana Rd. CA 93442-1939 (805) 772-6405 FAX (805) 772-6409	<input type="checkbox"/> Nipomo 681 W. Tefft St, Ste #1 CA 93444-7901 (805) 931-1800 FAX (805) 931-1804	<input type="checkbox"/> Paso Robles 406 Spring St. CA 93446-3126 (805) 237-3110 FAX (805) 237-3115	<input type="checkbox"/> San Luis Obispo 3433 S. Higuera St. CA 93401-8119 (805) 781-1600 FAX (805) 781-1361
---	--	--	--	--	---

Date/Fecha: _____

Case Manager/Trabajador: _____

Case Name: _____

Nombre de Caso

Case Number: _____

Número de Caso

Employee: _____

Empleado

I. EMPLOYEE: Sign and date below, and have your employer complete Section II. Please return by: _____.

EMPLEADO: Firmar y fechar abajo, y pide que su patrón complete la Sección II. Regrésela por: _____.

I consent to the release of information requested below to the SLO Department of Social Services:

Consiento a la liberación de la información pedida abajo al Departamento de Servicios Sociales de SLO:

Signature/Firma: _____ Date/Fecha: _____

II. EMPLOYER: Business Name/Address: _____

Please enter requested information & return completed form to: Employee Mailing address above

1. Has employee stopped working? No Yes

If yes, the reason: Employee quit Employee laid off Employee fired Leave of Absence

Please explain reason: _____

2. When was the last day the employee worked: _____

3. Number of hours employee worked last month: _____, this month: _____

4. Date: _____ and gross amount of last pay: \$ _____

5. Are any other payments to be received (e.g. vacation/sick pay, profit sharing, retirement)? No Yes

If yes, explain: _____

6. Was employee receiving health insurance benefits: No Yes

If yes, who was covered on the policy? _____

If yes, when is effective termination date of health insurance? _____

7. Is full or part time work available now or in the near future? No Yes. If yes, indicate how many hours are available and when the employee can start working those hours: _____

Person providing information (Print & sign name): _____

Title: _____ Phone Number: _____ Date: _____