



**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
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Date/Fecha: _____
 Case Manager: _____
 Trabajador _____
 Case Name: _____
 Nombre de Caso _____
 Case Number: _____
 Numero de Caso _____
 Employee/Empleado: _____

Section / Sección I

EMPLOYEE / EMPLEADO

Sign and date below and have your employer complete Section II.
Firma, escriba la fecha y pídale a su patrón que complete la Sección II.

Please return by: _____
 Favor de regresar antes del: _____

I consent to the release of information requested below by the San Luis Obispo Department of Social Services:
Yo doy consentimiento al Departamento de Servicios Sociales de San Luis Obispo para solicitar la información pedida abajo:

Signature/Firma: _____ Date/Fecha: _____

Section / Sección II

EMPLOYER / PATRÓN

Business Name/Address: _____

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

- Employee's social security number: _____
- Position/Job Title: _____
- Date employee accepted job: ___/___/___ Is employment temporary or seasonal? Yes No
If yes, explain _____
- Date job began: ___/___/___ Date job ended (if applicable): ___/___/___
- Rate of pay: Hourly \$ _____; Other, please explain: _____
Are tips received: Yes No; If yes, approximate weekly amount \$ _____
- How often paid: Weekly Every two weeks Twice monthly Monthly Other: _____
Day/date of pay periods: _____ thru _____; _____ thru _____
Day/date paid (i.e. 1st & 15th, 5th & 20th, every other Friday/Monday, etc.): _____
- Is there any money withheld from pay for any reason? Please explain _____
- Average number of hours worked per week or per pay period: _____
- Date first paycheck was/is available: ___/___/___ Gross amount: \$ _____
- Date last paycheck was/is available: ___/___/___ Gross amount: \$ _____
- Is Health Insurance available? Yes No; If yes, effective date: ___/___/___;
Date insurance was/is first available ___/___/___ Amount of monthly premium? \$ _____
Is premium deducted from check? Yes No If yes, how often? _____

Person providing information:

Please print name: _____ Signature: _____
 Title: _____ Telephone #: (____) _____ Date: _____