COUNTY OF SAN LUIS OBISPO
DEPARTMENT OF SOCIAL SERVICES

☐ **Arroyo Grande**	☐ **Atascadero**	☐ **Morro Bay**	☐ **Nipomo**	☐ **Paso Robles**	☐ **San Luis Obispo**
1086 Grand Ave.	9415 El Camino Real	600 Quintana Rd.	681 W. Tefft St, Ste #1	406 Spring St.	3433 S. Higuera St.
CA 93420-2505	CA 93422-5513	CA 93442-1939	CA 93444-7901	CA 93446-3126	CA 93401-8119
(805) 474-2000	(805) 461-6000	(805) 772-6405	(805) 931-1800	(805) 237-3110	(805) 781-1600

Date/*Fecha*: ______________________

Case Manager: ______________________
Trabajador

____
____
____

Case Name: ______________________
Nombre de Caso

Case Number: ______________________
Número de Caso

Employee/ *Empleado*: ______________________

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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 by the San Luis Obispo Department of Social Services.
Yo consiento dar liberación de la información pedida abajo al Departamento de Servicios Sociales de San Luis Obispo:

Signature/*Firma*: ______________________ Date/*Fecha:* ____________

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II. EMPLOYER: Business Name/Address: ______________________

Please enter the requested information for the month(s) of: ______________________

Return completed form to: ☐ Employee ☐ Mailing address above

A.

PAY PERIOD	TOTAL HOURS WORKED	TOTAL DAYS WORKED	GROSS PAY/TIPS	MEDICAL INS PREMIUMS	DATE PAY WAS AVAILABLE	DATE PAY RECEIVED
FROM: ______ TO: ______	______	______	______/______	______	______	______
FROM: ______ TO: ______	______	______	______/______	______	______	______
FROM: ______ TO: ______	______	______	______/______	______	______	______
FROM: ______ TO: ______	______	______	______/______	______	______	______
FROM: ______ TO: ______	______	______	______/______	______	______	______
FROM: ______ TO: ______	______	______	______/______	______	______	______
FROM: ______ TO: ______	______	______	______/______	______	______	______
FROM: ______ TO: ______	______	______	______/______	______	______	______
FROM: ______ TO: ______	______	______	______/______	______	______	______
FROM: ______ TO: ______	______	______	______/______	______	______	______

B. Was any money withheld for reasons other than taxes or medical insurance premiums? ☐ NO ☐ YES

If yes, please explain: ______________________

C. ______________________

Person providing information (print and sign name) Title Phone Number Date