

SECTIONS A-D MUST BE COMPLETED BY THE EMPLOYER ONLY

Clermont County JFS Child Care Unit
 2400 Clermont Center Drive, Batavia, Ohio 45103
 Fax #: (513) 732-7477

Section A - Employer Information

Company Name	Address	
City/State/Zip	Phone	Fax

Section B - Employee Information

Employee Name	SSN			
Date of Hire/ Return Date	Still Employed Yes No (Please circle one) If No, last date of employment			
Pay stubs given? Yes No (Please circle one)	Pay frequency: Weekly Bi-Weekly Monthly Semi-Monthly			
Hourly Pay Rate \$	Hours paid/week	Does employee work overtime? Yes No	No. of OT hours/week	OT hourly rate \$
Does employee receive tips? Yes No (Please circle one)	If yes, what is the weekly amount? \$			
List the GROSS income for the last 4 consecutive pay stubs/pay periods				
Pay date _____	\$ _____	Pay date _____	\$ _____	
Pay date _____	\$ _____	Pay date _____	\$ _____	

Section C - Schedule Information "VARIES" WILL NOT BE ACCEPTED

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Earliest Start Time							
Latest End Time							
Hours at Work							

Section D – Employer’s signature is required and indicates the information is correct.

Name & Position (print)	Signature	Date
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Section E – Employee signature authorizing release of the above information to CCDJFS.

Employee Signature	Date
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