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
FAX (805) 474-2134	FAX (805) 461-6036	FAX (805) 772-6409	FAX (805) 931-1804	FAX (805) 237-3115	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: _____