DOUGLAS COUNTY GENERAL ASSISTANCE
4102 Woolworth Avenue
Omaha, Nebraska 68105-1899

EMPLOYMENT INFORMATION REQUEST

TO:_____ Date:_____

_____ RE:_____

_____ SS#:_____

We are requesting wage and employment information to be used in determining eligibility for Emergency Assistance/General Assistance of the above named person. Below is the client's signature for release of this information. Thank you for your cooperation.

_____ _____
Signature Technician Phone #

Dates of Employment: From:_____To_____

Address:_____SS#:_____

Job Title:_____No. Dependents Claimed: _____

Pay Rate:_____Per: Week Two Weeks Month Semi-Monthly (circle one)

Amount Credit Union Savings:_____Percent of Interest:_____

Benefits Provided by Company: Sick and/or Disability Benefits:_____

Hospital/other Ins.:_____Effective Date of Ins. Termination: _____

Pension: _____Any Other Benefits:_____

Has a W-5 been filed for Advanced Earned Income Credit?_____When?_____

Please complete wage information for last_____pay periods.

Date and amount of next pay check _____

Date	Gross	AEIC	Credit Union	U.S. Bonds	Date	Gross	AEIC	Credit Union	U.S. Bonds
1					8				
2					9				
3					10				
4					11				
5					12				
6					13				
7					14				

Reason for Leaving: Quit_____Fired_____Laid Off_____Other_____

If laid off or on maternity leave, when do you expect to call back?_____

Please explain:_____

Would you re-employ?_____Severance pay or other lump sum received: $ _____

Signed:_____Date:_____

Title:_____Phone:_____

Print Form

OGA#10 (Revised 1/99)