**I hereby authorize my employer to release the following information to CareerSource Tampa Bay and the Workforce Board of Hillsborough County.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OSST ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last 4 SSN: \_\_\_\_\_\_\_\_\_\_\_

**Employment Information:**

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (\_\_\_\_\_\_\_) - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hourly Wage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gross Weekly Wage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Hire: \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ Start date of employment: \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

Date of first paycheck: \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

Currently Working  FT  PT # of Hours per week: \_\_\_\_\_  Seasonal

Pay Frequency:  Daily  Weekly  BI-Weekly  Monthly  Other \_\_\_\_\_\_\_\_\_\_

Not Eligible for Benefits  Eligible for:  Medical Sick/Personal Leave Vacation

**Currently Not Working:**

On Sick Leave  On Regular Leave  FMLA  On Leave of Absence  On Suspension

Resigned/Quit on \_\_\_\_/\_\_\_\_/\_\_\_\_  Terminated on \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer's Representative Printed Name Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

Employer’s Representative Signature Date

Or:

Hours verified: week of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ total weekly hours worked \_\_\_\_\_\_

(Use Monday week of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ total weekly hours worked \_\_\_\_\_\_

to Sunday) week of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ total weekly hours worked \_\_\_\_\_\_

(Must be week of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ total weekly hours worked \_\_\_\_\_\_

Specific) week of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ total weekly hours worked \_\_\_\_\_\_

week of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ total weekly hours worked \_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

Phone Verification completed by (Staff Name) Title Date

|  |
| --- |
| Method:  Phone  Fax  Email The Work Number |