**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  |