

4. How often is the pay received? Daily Weekly Every Two Weeks Twice a month Monthly Other

5. What day of the week is the pay received?

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

6. Does your company help pay for child care? If yes,

How much? _____

How often? _____

7. Does this individual have health insurance coverage? Yes No If yes, complete the following information:

Insurance company name: _____

Group number: _____, and effective date of coverage _____

Persons included in coverage: _____

If The Individual Is No Longer Employed By You, Complete The Following Information:

8. Reason for termination of employment:

Quit Fired Laid off Other _____

Date the employment was terminated: _____

Date that the final pay check was received: _____

Amount of gross income that was received during the last month of employment: \$ _____

If the employee quit, what was the reason given by the employee? _____

EMPLOYER, PLEASE SIGN BELOW AND RETURN BY MAIL TO Wilson County Partnership for Children P.O. Box 2661, OR FAX TO 252-206-4245, attn. Shalonda Holley

Company Name

Name & Title of Person Completing Form

Date

Company Address

Telephone Number

City

State

Zip Code

Thank you for your assistance in this matter. If you have any questions regarding this form, please contact Shalonda Holley, at 252-206-4235 extension 115, or Shalonda.holley@wilsonpfc.org