

# Employer Form

WARREN TOWNSHIP  
of MARION COUNTY  
Vernon A. Brown, Trustee



**Client Instructions:**

This form is to be completed by the current or most recent employer.

**Employer Instructions:**

The client below has requested financial assistance from the township trustee and has stated that you are a current or past employer. Indiana Law requires the trustee to determine client's employment status. If the client is no longer working, the trustee must determine the cause for separation from employment. Please complete all fields below to the best of your ability. When reporting income, please include any source of gain or benefit, including, but not limited to: wages, commissions, advances, sick pay, disability or worker's compensation, insurance payments/settlements, pensions, maternity leave benefits, tips or free/reduced rent in exchange for work completed.

Client: \_\_\_\_\_ S.S.#: \_\_\_\_\_

Hire Date: \_\_\_\_\_ Termination Date (if applicable): \_\_\_\_\_

Position: \_\_\_\_\_ Wages (hourly)/Salary: \_\_\_\_\_

Date of last pay: \_\_\_\_\_ Gross amount of last pay: \_\_\_\_\_

Is individual currently working? \_\_\_\_\_ Is this part time? \_\_\_\_\_

If no longer working, give reason (i.e. quit, laid off, fired): \_\_\_\_\_

If fired, we need a specific reason (i.e. did not follow company rules, tardiness, absenteeism, etc.): \_\_\_\_\_

Is the individual eligible for any company benefits such as sick pay, maternity pay, disability pay, or items such as workman's compensation or benefits? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Is the individual a member of a union? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, name of the union: \_\_\_\_\_

Other information needed by the trustee: \_\_\_\_\_

**WAGES**

List income for the past:

Date	Gross	Net	Date	Gross	Net	Date	Gross	Net

Employer Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_

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

Name of person completing form: \_\_\_\_\_ Title: \_\_\_\_\_

I give permission for the above information to be released to the trustee's office:

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If you have any questions regarding this form, please contact the trustee's office at:** 501 N. Post Road, Suite A

*At all times, the trustee's office will determine eligibility for assistance without regard to race, source of income, creed, gender, handicap status, national origin, marital status, political beliefs, sexual orientation or any other arbitrary condition that operates to defeat the broad statutory purpose of providing assistance to eligible individuals and families.*

Indianapolis, IN 46219  
p 317.327.8947  
f 317.327.8948