



IDHS CONTRACT REPORT-NOTIFICATION OF EMPLOYMENT RETENTION

A.

Employee Name: _____ Case Name: _____ Case #: _____

Employee SSN: _____ Address: _____ Phone #: _____

B.

Employee Release

By my signature, I authorize the release of employment information by my employer to the Illinois Department of Human Services or to contracting agencies acting for the Illinois Department of Human Services.

Employee Signature: _____ Date: _____

C.

Contracting Agency: _____ Phone #: _____

Address: _____ Agreement #: _____

Contractor Signature: _____ Date: _____

D.

Employee Information

Employer Name: _____ Phone #: _____ Client Job Title: _____

Employer Address: _____ Date of Hire: _____

Hourly Wage: _____ Hours per Week: _____

Medical Benefits Available? Yes No Co-Pay Amount \$: _____

Paid Vacation Leave Available? Yes No

Paid Sick Leave Available? Yes No

Other Benefits (explain):

Explain if benefits will be available in the future:

Is the individual still employed? Yes No

If no, last date worked: _____

Reason for leaving:



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E.

Employment Upgrade

To be completed by the provider and confirmed by the employer (s)

Initial Employment

Employer Name: _____ Phone #: _____ Employee Job Title: _____

Employer Address: _____

Start Date: _____ End Date: _____ Hourly Wage: _____ Hours per Week: _____

Medical Benefits Available ? Yes No Medical Co-Pay \$: _____

Upgraded Employment

Employer Name: _____ Phone #: _____ Employee Job Title: _____

Employer Address: _____

Start Date: _____ End Date: _____ Hourly Wage: _____ Hours per Week: _____

Medical Benefits Available ? Yes No Medical Co-Pay \$: _____

Work Industry: _____

F.

Employer Verification

I verify by signing below that all of the employment information listed for the above named employee is correct and that the employee has been employed by this organization for _____ days. (Enter number of calendar days, not work days, from start date to end of job or present date if individual is still employed.)

Employer Signature: _____ Date: _____

Employer Name: _____ Date: _____