


CLARK COUNTY DEPARTMENT OF
JOB & FAMILY SERVICES

CHANGE OF EMPLOYMENT FORM

Name: _____

Address: _____ Phone #: _____

City: _____ State: _____ Zip Code: _____

Social Security Name: _____ Your Birth Date: _____

Other Party's Name: _____

Pays To: _____ SETS Case No.: _____

_____ SETS Case No.: _____

_____ SETS Case No.: _____

Prior Employer: _____

New Employer: _____

Address: _____

City/State/ _____

Zip Code _____

Phone #: _____

Payroll Address (if different from above):

☐ Yes ☐ No Are Health Insurance Benefits available through new employer?

☐ Court Ordered Wage Deduction ☐ Voluntary Deduction

Please Sign and Date _____

(Rev. 09/14)

CHILD SUPPORT ENFORCEMENT AGENCY

P.O. BOX 967A • 1346 LAGONDA AVE. SPRINGFIELD, OH 45501-1037 • T: 937.327.1700 • F: 937.327.1996 • WWW.CLARKDJFS.ORG

A DIVISION OF CLARK COUNTY DEPARTMENT OF JOB & FAMILY SERVICES
CLARK COUNTY DEPARTMENT OF JOB & FAMILY SERVICES IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER.