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Santa Maria, CA 93456  
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### EMPLOYER LETTER

DATE:  
Re: Name:  
Last 4 Digit SSN:  
Case Number:

**TO BE COMPLETED BY RECIPIENT / DEBE SER COMPLETADO POR EL EMPLEADO**

I hereby authorize you to release to Santa Barbara County Department of Social Services the specific information requested below either in writing or by telephone.

Por medio de la presente doy autorización para que se le de al Departamento de Servicios Sociales del Condado de Santa Barbara, la información que específicamente solicitada a continuación ya sea por escrito o por teléfono.

\_\_\_\_\_  
DATE / FECHA

\_\_\_\_\_  
SIGNATURE / FIRMA

PLEASE COMPLETE THE ITEMS CIRCLED AS WELL AS THE SIGNATURE SECTION AT THE BOTTOM OF THIS FORM.

**TO BE COMPLETED BY EMPLOYER/PAYROLL CLERK**

1. This employee began working for me on: \_\_\_\_\_
2. This employee last worked for me on: \_\_\_\_\_
3. Reason for Termination: \_\_\_\_\_
4. Any vacation, leave, sick or retirement, etc., pay coming? If so, how much, and when will he/she receive it?) \_\_\_\_\_
5. Date last check will be received: \_\_\_\_\_ Gross Amt: \_\_\_\_\_
6. Please show GROSS EARNINGS (before any deductions) PAID TO this employee as indicated. Please list each check separately including vacation pay and bonuses.

Pay Period Ending	Date Received	Hours Worked	Gross Wages	Tips	Housing/Utilities Paid Above Wage

If employee is expected to return to work, please indicate date: \_\_\_\_\_

I do hereby certify that the above information is factual and correct to the best of my knowledge.

\_\_\_\_\_  
Employer Signature/& Position

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Name of Business

\_\_\_\_\_  
Address