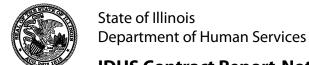


IDHS Contract Report-Notification of Employment Retention

Employee Name	Case Na	me	Case Number
Employee SSN	Address		Phone #
B. Employee Release By my signature I authorize the release Human Services or to contracting age			mployer to the Illinois Department of man Services.
Employee Signature		Date	
C.			
Contracting agency		Phone #	
Address	Agreen		
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? O Yes	○ No	Co-Pay Amount \$	
Paid Vacation Leave Available?	Yes \bigcirc No		
Paid Sick Leave Available? Other Benefits (explain)	Yes (No		
Explain if benefits will be available in	the future		
Is the individual still employed?	Yes O No		
If no, last date worked			
Reason for leaving			



IDHS Contract Report-Notification of Employment Retention

E.

Fmn	lovment	Un	ara	de

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

Initial Employment				
Employer Name	loyer 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	O No	Medical Co-Pay \$	
F.				
Employer Verification				
I verify by signing below that and that the employee has be days, not work days, from star	en employed	l by this org	ganization for	he above named employee is correct days. (Enter number of calendar lal is still employed.)
Employer Signature			Da	te
Employer Name			Da	te