

SEPTA Correctional Facility
Employer Verification

Resident Name: _____

Resident SSN: _____

Employer Information: Business Fax _____

Employer's Name: _____ Business Phone: _____

Employer's Address: _____ Business Email _____

Worker's Compensation Risk # _____

Federal Employer's ID # _____

Rate of Pay: _____

Pay Schedule: Weekly Other (Explain) _____

Bi-Weekly 1st Pay Day _____

Contact Person(s) _____

First Day of Work: Month: _____ Day: _____ Year: _____

Work Schedule: _____

Specific Directions to Job Site: _____

ALL PAYCHECKS **MUST** BE MAILED TO SEPTA CORRECTIONAL FACILITY
7 W. 29 Drive Nelsonville, Ohio 45764

Employer Signature

Date

Work Release Coordinator

Date

Probation Officer

Date