



CLINTON COUNTY CHILD SUPPORT ENFORCEMENT AGENCY  
CHANGE OF EMPLOYMENT FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Your Birth Date: \_\_\_\_\_

Other Parent'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):  
\_\_\_\_\_

Are Health Insurance Benefits available through new employer?  YES  NO

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Entered :

Case Worker: