



City of Westbrook

GENERAL ASSISTANCE

426 Bridge St.

Westbrook, ME 04092

Phone: (207)854-0676

Fax: 1(877)722-3057

Date: _____

Re: _____

Dear Employer:

The above-named individual has applied to this office for assistance. We ask your cooperation with providing information regarding their employment with you.

We request this information pursuant to 22 M.R.S.A. § 4314. Any other information you can provide is appreciated. Please feel free to use the back of this form.

Sincerely,

Social Services Staff

PLEASE FILL OUT THE ITEMS BELOW THAT ARE CHECKED:

_____ Date first worked: _____ Part-Time ____ Full-Time ____

_____ Date and amount of first paycheck: _____

Weekly ____ Bi-weekly ____

_____ Date last worked for you: _____

_____ Date and amount of last paycheck: _____

_____ Date and amount of any future/outstanding paycheck: _____

_____ Reason for separation: _____

Is Worker's Compensation claim pending? _____

SIGNED: _____

COMPANY NAME: _____

ADDRESS: _____

TELEPHONE #: _____