

**BACK TO WORK FORM**

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Social Security No. \_\_\_\_\_

Current address \_\_\_\_\_

Other Party(ies) Name \_\_\_\_\_ Account No. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Company \_\_\_\_\_

Address of Company \_\_\_\_\_

Street Number Street Name Suite Number

City State Zip Code

Telephone Number \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Contact person/Supervisor \_\_\_\_\_

Date of hire/return (Circle One) \_\_\_\_\_

Date of first (expected) paycheck \_\_\_\_\_

Are you on a wage assignment?  Yes  No

Other (Explain) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature