

Geauga County Child Support Enforcement Division (CSED)  
12611 Ravenwood Dr  
PO Box 309  
Chardon OH 44024  
Phone: 440-285-9141 or 1-800-209-7590  
Fax: 440-286-6654

REPORTING EMPLOYMENT INFORMATION

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

Your SSN: \_\_\_\_\_

SETS Case Number: \_\_\_\_\_

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

Employer Mailing Address:  
\_\_\_\_\_

Employer Phone: \_\_\_\_\_

Employer Fax: \_\_\_\_\_

Employer website/email: \_\_\_\_\_

Begin Date: \_\_\_\_\_

Is health insurance coverage available through your employer?      Yes      No

Date of Separation: \_\_\_\_\_

Reason for Separation: \_\_\_\_\_

If your previous employer was providing health insurance coverage when does it expire?  
\_\_\_\_\_

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date