

**Fairfield County**  
**Returning/Leaving Seasonal Employee**

Employee: \_\_\_\_\_ Employee No.: \_\_\_\_\_

Returning Date: \_\_\_\_\_

OR

Leaving Date: \_\_\_\_\_

Department: \_\_\_\_\_

Department Representative: \_\_\_\_\_ Phone: \_\_\_\_\_

Submit To: County Auditor's Finance Office (Payroll Section)

**Complete and return forms below if changing information from New Hire Forms**

Form	Form Required?	Submitted (Yes/No)	Date Submitted
<b>Fairfield County Employment Information</b>	Yes, if changes are needed.		
<b>Form W-4</b> Employee's Withholding Allowance Certificate (Dept of the Treasury IRS)	Yes, if changes are needed.		
<b>Form IT-4</b> Employee's Withholding Exemption Certificate (State of Ohio)	Yes, if changes are needed.		
<b>Motor Vehicle Report-Acknowledgement and Consent</b>	Yes, if changes are needed.		
<b>Authorization Agreement for Direct Deposit</b>	Yes, if bank information has changed.		

**Department Representative:**

Please submit all required forms (including this form) within **three** days of first day worked, properly completed and signed by the employee, along with this checklist, to the Auditor Finance Office.

***I have verified that all required forms are complete and are included with this Returning/Leaving Seasonal Employee packet.***

Department verification signature: \_\_\_\_\_ Date: \_\_\_\_\_