LIVE UNITED
United Way of Ashland County

UNITED WAY OF ASHLAND COUNTY

EMPLOYEE UPDATE FORM

Company Name: _____ Date: _____

Employment Code:

NLW No Longer working

LOA On a Leave of Absense and Payroll Withholding has stopped

OTH Other _____

Employment Code	Number Pay Periods Per Year	Payroll Deduct Pledge Amount	Amount Paid to Date thru Payroll Deduct	Did Employee have Designation? Desg. TO:	Balance Due To United Way	Last Name	First Name	Home Address	City	State	Zip

Name of person providing this information:

Contact Number:

Please email or fax this form to: Jill Logan jill@uwashlandoh.org or fax to 419-281-7622

Call with any questions! 419-281-5551