

**LIVE UNITED**



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 as 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
										OH	
										OH	
										OH	
										OH	

Name of person providing this information:

Contact Number:

Please email or fax this form to:

Jill Logan [jill@uwashlandoh.org](mailto:jill@uwashlandoh.org) or fax to 419-281-7622

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