JOBS STATUS CHANGE

ND DEPARTMENT OF HUMAN SERVICES
ECONOMIC ASSISTANCE
SFN 323 (11-2012)

Clear Fields

Name: (First, Middle Initial, Last)	Case Number:	Social Security Number:	Date:

JOBS CONTRACTOR SECTION

Employer: (Name)		Start Date:	Salary:
Address:	**City:**	**State:**	**Zip Code:**
Status Change:			
Signature/JOBS Contractor:			**Date:**

TANF ELIGIBILITY WORKER SECTION

Status Changes:	
Date Terminated from TANF:	**Reason:**

Name of TANF Eligibility Worker:	County:	Date:

DISTRIBUTION: Original - JOBS Contractor

Copy - County Social Service Board