JOBS STATUS CHANGE

ND DEPARTMENT OF HUMAN SERVICES
ECONOMIC ASSISTANCE
SFN 323 (1-2008)

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:	
Signature/TANF Eligibility Worker:	County:	Date:

DISTRIBUTION: Original - JOBS Contractor **Copy** - County Social Service Board