



**CONTRA COSTA COUNTY Department of Child Support Services**

50 Douglas Drive, Suite 100  
Martinez, California 94553-8507  
Phone: (866) 901-3212  
Fax: (925) 335-3636  
childsupport@dcss.cccounty.us  
www.childsup-connect.ca.gov

**Employee name:** \_\_\_\_\_ **Case #:** \_\_\_\_\_

If additional employees, list names and case numbers on additional sheet

**Section 1 – Employer Information**

Employer name: \_\_\_\_\_ FEIN: \_\_\_\_\_ SEIN: \_\_\_\_\_  
(Complete corporate or legal name, including Corp., Inc., LLC, etc.)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ ZIP+4: \_\_\_\_\_

Telephone number: \_\_\_\_\_ FAX number: \_\_\_\_\_

Is your company's employment verification department address different? Yes \_\_\_\_ (continue to section 2)

No \_\_\_\_ (continue to section 3)

**Section 2 – Employment Verification**

Employment verification contact name: \_\_\_\_\_

Telephone number: \_\_\_\_\_ FAX number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ ZIP+4: \_\_\_\_\_

If The Work Number, please specify your company code: \_\_\_\_\_

Is your company's payroll department address different? Yes \_\_\_\_ (continue to section 3)

No \_\_\_\_ (continue to section 4)

**Section 3 – Payroll Department**

Payroll contact name: \_\_\_\_\_

Telephone number: \_\_\_\_\_ FAX number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ ZIP+4: \_\_\_\_\_

Is your company's health benefits department address different? Yes \_\_\_\_ (continue to section 4)

No \_\_\_\_

**Section 4 – Health Benefits**

Benefits contact name: \_\_\_\_\_

Telephone number: \_\_\_\_\_ FAX number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ ZIP+4: \_\_\_\_\_