

**AUTHORIZATION TO RELEASE EMPLOYMENT INFORMATION**

ATTN: PERSONNEL DEPARTMENT

Date: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

RELEASE TO:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

O'CONNOR, MIKITA, AND DAVIDSON LLC  
8035 HOSBROOK ROAD, SUITE 200  
CINCINNATI, OHIO 45236

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Release of the following information is hereby authorized by:

SIGNATURE OF EMPLOYEE: \_\_\_\_\_

SSN: \_\_\_\_\_

DOB: \_\_\_\_\_

DATE OF ACCIDENT: \_\_\_\_\_

TITLE OF EMPLOYEE AS OF DATE OF ACCIDENT: \_\_\_\_\_

1. Was employee paid for days missed? \_\_\_\_ Yes \_\_\_\_ No
2. If employee was paid a portion of his/her salary for the days missed, what portion was paid? \_\_\_\_\_%
3. Please list the dates employee missed work and was **NOT** paid, or was only paid a portion:

<u>DATE(S)</u>	<u># OF DAYS</u>	<u>HOURS PER DAY</u>
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(If additional space is needed, please attach another sheet.)

4. Employee's rate of pay: \$ \_\_\_\_\_ per \_\_\_\_\_

5. Number of hours employee regularly worked (average) prior to accident:

\_\_\_\_\_ hours per \_\_\_\_\_.

6. If OVERTIME was available to employee on days missed, please indicate number of O.T. hours, dates O.T. was available, and rate of O.T. pay:

<u>DATE(S)</u>	<u># OF HOURS</u>	<u>RATE OF PAY</u>
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(If additional space is needed, please attach another sheet.)

EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_

SIGNED: \_\_\_\_\_ TITLE: \_\_\_\_\_