Ohio | Department of Education

SF-239U Revised 04/16

Auxiliary Service Mobile Unit
Unemployment Compensation Requisition

I. HEADER INFORMATION

PUBLIC SCHOOL DISTRICT _____ COUNTY _____ IRN _____

PUBLIC SCHOOL ADDRESS _____ CITY _____ ZIP _____

II. REQUEST INFORMATION

THE FOLLOWING INFORMATION IS REQUIRED FOR EACH AUXILIARY SERVICES PROGRAM FOR WHOM THE SCHOOL DISTRICT REQUEST REIMBURSEMENT FOR PAYMENT OF UNEMPLOYMENT COMPENSATION BENEFITS. (FOR AN EXPLANATION, PLEASE SEE ITEMS 1 THROUGH 6 ON THE INSTRUCTION PAGE.)

(1) EMPLOYEE'S NAME	(2) EMPLOYEE'S SOCIAL SECURITY NUMBER	(3) NON-PUBLIC SCHOOL NAME WHERE WORKED	(4) NON-PUBLIC SCHOOL IRN	(5) YEARS OF EMPLOYMENT		(6) TOTAL WAGES EARNED IN AUXILIARY SERVICES PROGRAM	(7) % TOTAL TIME WORKED IN AUXILIARY SERVICES PROGRAM	(8) AMOUNT OF BENEFITS PAID (IF KNOWN)
				DISTRICT	AUXILIARY			

I HEREBY CERTIFY THAT THE ABOVE PERSONS WERE EMPLOYED BY THIS SCHOOL DISTRICT UNDER THE AUXILIARY SERVICES PERSONNEL PROGRAM TO RENDER SERVICES TO THE NON-PUBLIC SCHOOL INDICATED ABOVE.

III. SIGNATURES

_____ _____ _____

SUPERINTENDENT SIGNATURE PRINTED SUPERINTENDENT NAME DATE

_____ _____ _____

TREASURER SIGNATURE PRINTED TREASURER NAME DATE

FOR ODE USE ONLY (TO BE COMPLETED BY THE AREA COORDINATOR)

RECOMMEND ❒ NOT RECOMMEND ❒

_____ _____ _____

AREA COORDINATOR AUTHORIZATION OF REQUISITION SIGNATURE DATE MOBILE UNIT ADMINISTRATOR REQUISITION SIGNATURE