

**eXclusive Services**

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# Employment Verification

All clients are required to provide eXclusive Services information pertaining to your current employment to better assist you and your counselor in developing your treatment schedules.

**PLEASE NOTE:** 42 CFR and HIPPA Confidentiality Regulations prevents eXclusive Services from contacting your employer without written consent.

Please take a moment and tell us where and when you are currently, or plan to be, working.

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Current Schedule**

*(to be completed if you have a set schedule and/or are currently employed):*

- Mondays:    \_\_:\_\_ am / pm to \_\_:\_\_:\_\_ am / pm
- Tuesdays:  \_\_:\_\_ am / pm to \_\_:\_\_:\_\_ am / pm
- Wednesdays: \_\_:\_\_:\_\_ am / pm to \_\_:\_\_:\_\_ am / pm
- Thursdays:  \_\_:\_\_ am / pm to \_\_:\_\_:\_\_ am / pm
- Fridays:     \_\_:\_\_ am / pm to \_\_:\_\_:\_\_ am / pm

To verify all reported employment and schedule requirements that may present time constraints for your eXS treatment schedule, it is mandatory that your employer authenticates your work schedule. This may be completed by any of the following methods:

Your employer may:

- Email your work schedule to [admin@xservices.org](mailto:admin@xservices.org), ATTN: Jamye Stuckey.
  - Please note that this must be a certified email of your supervisor.
- Fax your work schedule to (513) 818-9960, ATTN: Jamye Stuckey.
  - Please note that this must be a certified fax from your supervisor.

You may:

- Bring a certified letter or document with your work schedule, on company letterhead, with your supervisor's signature.
  - Please note that this must be certified letter or document from your supervisor.

I understand the information stated in this document and attest to the best of my ability that I have provided accurate and current information. I understand that this information and signing below does not give eXclusive Services the right to contact my employer, and that the information collected is used solely for the purposes of employment verification and treatment plan development.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
eXS Staff Signature

\_\_\_\_\_  
Date