



## Follow Up Survey

SSN: \_\_\_\_\_ NYOSOS ID# (If Available): \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Obtained Employment (Y/N)? \_\_\_\_\_

If Employed – Employer: \_\_\_\_\_

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

Employment Start Date: \_\_\_\_\_

Job Title: \_\_\_\_\_

Salary Per Week: \_\_\_\_\_ Per Year: \_\_\_\_\_ Per Hour: \_\_\_\_\_

Hours per Week: \_\_\_\_\_ Full/Part Time (F/P)? \_\_\_\_\_

Indicate any Fringe benefits: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_