

EMPLOYER STATEMENT NEW HIRE

Instructions to employer: This information **must be placed on** your company letterhead, if company letterhead is not available please note below.

Date _____

Name of Employer _____
(please print)

Name of Business _____

Employer Address _____

Business Phone No. : _____

Employee Name _____
(please print)

Hire Date _____

Number of hours employee will be working per week _____
(please be specific – no ranges)

Rate per hour _____

Frequency _____ (weekly, biweekly, semi-monthly, monthly)

Name: _____
Please print name of person completing this form and title

Signature: _____ Title _____ Date: _____

Note: _____

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