



State of Utah  
Department of Workforce Services  
**EMPLOYMENT INFORMATION**

Case name: \_\_\_\_\_ Case number: \_\_\_\_\_

Employed person: \_\_\_\_\_ SSN: \_\_\_\_\_

For **new, changes, and returning employment**, the entire form must be completed and signed by the employer. **Please use a black pen to complete form.**

**Employer Information:**

Company name: \_\_\_\_\_

Corporate name (if different): \_\_\_\_\_

Payroll company (if different): \_\_\_\_\_

Company address: \_\_\_\_\_

Name of supervisor or HR contact: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Employee Information:**

1. Date employment began, changed, or returned to work after leave of absence: \_\_\_\_\_

2. Is the employment temporary?  Yes  No If yes, what is the expected end date? \_\_\_\_\_

3. Is the employment considered Educational Work Study?  Yes  No

4. Hourly wage: \$ \_\_\_\_\_ /hr. or Salary: \$ \_\_\_\_\_  /Monthly  /Yearly

5. Will the number of hours worked each week vary?  Yes  No

If yes, minimum hours: \_\_\_\_\_ Maximum hours: \_\_\_\_\_

If no, list the number of hours worked each week: \_\_\_\_\_

6. Are there months where this employee works more or less than the hours reported in question 5?  
(e.g., a teacher who does not work during the summer)  Yes  No If yes, which months and how many  
hours will the employee work each week? \_\_\_\_\_

7. Is overtime offered on a regular basis?  Yes  No Weekly overtime hours: \_\_\_\_\_

Overtime rate: \$ \_\_\_\_\_

8. How often paid?:  Every two weeks (e.g., every other Friday) List day of the week paid: \_\_\_\_\_

Twice per month (e.g., 5th and 20th) List dates: \_\_\_\_\_

Weekly  Monthly  Other: \_\_\_\_\_

9. Date first paycheck will be (or was) received: \_\_\_\_\_

What is the estimated gross amount (before taxes)? \$ \_\_\_\_\_ Hours paid on the first check? \_\_\_\_\_

10. When does the pay period end (e.g., every other Friday or 15th and 30th)? \_\_\_\_\_

11. Does employment include tips, commission, health savings account or shift differential?  Yes  No

If yes, list amount and frequency: \_\_\_\_\_

12. Does employment include bonuses (e.g., holiday, profit-sharing, performance, etc.)?  Yes  No

If yes, list amount and frequency: \_\_\_\_\_

13. Does the employer offer health insurance?  Yes  No

Is the employee eligible to enroll?  Yes  No If no, why: \_\_\_\_\_

14. If terminated, list the termination date: \_\_\_\_\_ Date of final pay check: \_\_\_\_\_

\_\_\_\_\_  
Employer Signature\*

\_\_\_\_\_  
Date

\*Additional verification will be required if employer does not sign form.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

**Return form to employee or the Department of Workforce Services:**

**Mail** - Department of Workforce Services, Imaging Operations, P.O. Box 143245, Salt Lake City, UT 84114-3245

**Fax** - Salt Lake City Area: 801-526-9500 or Toll free: 1-877-313-4717

**Equal Opportunity Employer/Program**

Auxiliary aids (accommodations) and services are available upon request to individuals with disabilities by calling 801-526-9240. Individuals who are deaf, hard of hearing, or have speech impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.