

Only your employer or payroll clerk may complete and sign this form.

How to use this form

1. Send the completed form to the Department by mail, fax, or email.
2. Contact us if you or your employer have questions about the form.

Contact the Department

Mail: PO Box 83720 Boise, ID 83720-0026

Phone: 1-877-456-1233

Fax: 1-866-434-8278

E-mail: MyBenefits@dhw.idaho.gov

Employee Information (Please print)

Name of Employee:

Social Security Number:

Wage Information

Date Employee Started:

<input type="checkbox"/> Hourly Pay	\$	Per hour	Average number of hours per week:
<input type="checkbox"/> Monthly Salary	\$	Per month	Number of days worked per week:
<input type="checkbox"/> Other	\$	Per:	

Other Income

Employee receives (mark all that apply):

Type	Tip	Housing/Utilities	Commissions	Bonuses	Overtime
Amount	\$	\$	\$	\$	\$
How often?					

Is overtime anticipated?

No Yes. If yes, estimate the number of hours per week: _____ per month: _____

If employee just started working, date first check will be issued: _____

Number of hours this check covers: _____

Pay Date Information

Employee is paid (mark one of the following):

Weekly Bi-weekly (every two weeks) What day of the week? _____
 Monthly Semi-monthly (twice a month) What date (e.g. 1st & 5th)? _____

Date and day of the week pay period ends. Day: _____ Date: _____

Number of days between the pay period ending date and the date paid: _____

Expected Changes

Do you expect the number of hours to increase or decrease? No Yes. If yes, what date? _____

New number of hours: _____ Per: _____

Do you expect the rate of pay to increase or decrease? No Yes.

If yes, what date? _____ New rate of pay: \$ _____ Per: _____

Employer Information (Please print)

If your employee completed any part of this form, **DO NOT SIGN THE FORM**. Instead, have your employee provide a blank replacement form to complete.

Employer Name (First and Last): _____ Phone Number: _____

Business Name: _____ Email: _____

Address: _____

Signature: Under penalty of perjury, I swear or affirm the information I have reported is true and complete.

Employer/Payroll signature: _____ Date: _____