Federal Identification No.:_

Employer Name: _____

Employer Address: _____

_____

_____

This information may also be submitted through the internet at the following address: http://www.labor.vermont.gov

NEW HIRE REPORTING FORM

Return to:
Vermont Department of Labor
ATTN: New Hire
P.O. Box 488
Montpelier, VT 05601-0488
or FAX to: 802-828-4286

Social Security No.	Employee Name	Address (Street, City/Town, State, Zip Code)	Date Employee Actually Began Working for Compensation

NOTE: All new hires must be reported within 10 days of the date of hire, the first day work is performed for compensation. All rehires must be reported if they were previously employed by the employer but have been separated from such employment for at least 60 consecutive days.