



DEPARTMENT OF LABOR

Penalty Waiver Request Form
For Vermont Unemployment Insurance Wage Reporting

For consideration, this form shall be completed, signed, and submitted to the VDOL.

Please allow thirty (30) days from the date of receipt for review. This waiver request does not exempt employers from the requirement to file quarterly wage reports, respond to separation forms, or respond to wage requests.

Please print all information clearly.

Employer Number _____ Employer Name _____
Contact Name _____ Contact Number _____
Employer Address _____

Waiver Request Type:

- Late Filing Penalty Wage Request Form Penalty
Separation Form Penalty Electronic Filing Penalty

Specify quarter(s) being requested: _____

Please explain the reason for failure to file Report(s), Separation Form(s), Wage Request Form(s) timely, or failure to file report(s) electronically:

Signature _____ Title _____ Date _____

Completed forms must be emailed to Labor.UIAndWages@vermont.gov or mailed to the Vermont Department of Labor, PO Box 488, Montpelier, VT 05601.

FOR DEPARTMENT USE ONLY

Approved
Denied

Signature of Department Authorized Representative

Date