

VIRGINIA EMPLOYMENT COMMISSION

BENEFIT PAYMENT CONTROL, ROOM 111
 P.O. BOX 1358, RICHMOND, VIRGINIA 23218-1358
 TELEPHONE (804) 786-8593



NEW-HIRE REPORT: WAGE AUDIT

PLEASE COMPLETE THIS REPORT WHICH IS REQUIRED IN OUR AUDIT OF UNEMPLOYMENT INSURANCE CLAIMS. AN EXPLANATION OF THE REPORT AND INSTRUCTIONS FOR ITS USE ARE LISTED ON THE REVERSE SIDE OF THE FORM.

<p>OUR RECORDS INDICATE YOU SUBMITTED A REPORT OF NEW HIRE FOR:</p> <p>SOCIAL SECURITY NO. - -</p> <p>DATE HIRED: / /</p> <p>ACCT. NO.</p> <p>REPORT DATE: 04/27/2001</p> <p>READ INSTRUCTIONS BEFORE COMPLETION</p> <p>1 CHECK TYPE OF PAY PERIOD</p> <p><input type="checkbox"/> MONTHLY - ENTER PAY DATE: <input type="text"/> ^{1st} <input type="text"/> ^{2nd}</p> <p><input type="checkbox"/> SEMI MONTHLY - ENTER PAY DATES: <input type="text"/> <input type="text"/></p> <p><input type="checkbox"/> WEEKLY - CIRCLE PAY DAY: S M T W T F S</p> <p><input type="checkbox"/> BI WEEKLY - CIRCLE PAY DAY: S M T W T F S</p> <p><input type="checkbox"/> OTHER, EXPLAIN _____</p> <p>4 DATE EMPLOYED: _____ LAST DAY WORKED: _____</p> <p>(IF APPROPRIATE) REASON FOR SEPARATION</p> <p>LACK OF WORK DISCHARGE VOLUNTARY QUIT</p> <p style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>THIS INFORMATION PROVIDED BY ME IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE:</p> <p>SIGNATURE _____ DATE _____</p> <p>TITLE _____ PHONE _____</p>	<p>2 CIRCLE DAYS WORKED IN WEEK(S) BELOW ENTER GROSS WAGES ONLY</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>SUN</th> <th>MON</th> <th>TUE</th> <th>WED</th> <th>THU</th> <th>FRI</th> <th>SAT</th> <th>MONTH</th> <th>³ Include Value of Meals, Tips, Lodging Enter Any Comments on Reverse Side</th> <th>INTERNAL USE ONLY</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	SUN	MON	TUE	WED	THU	FRI	SAT	MONTH	³ Include Value of Meals, Tips, Lodging Enter Any Comments on Reverse Side	INTERNAL USE ONLY																																																																																																																																																																																																																																						
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