State of New Hampshire Department of Labor

Request for Payment of Wages Other Than Weekly or Biweekly

Please print or type. Complete all sections.

Company Name:											
Federal Identification	Number: _										
Mailing Address: Physical Address: Telephone: Contact Person:			City/State/Zip:								
			E-Mail: FAX:								
						Contact Person:			Title:		
						Method(s) of Paymen	t of Wages:]	Requested Freq	uency of Payment:
Cash	Direct Deposit*			Sem	i-monthly						
Check	Payroll C	ard*	Monthly								
Electronic F	Funds Transf	er (EFT)*									
*If the employer elects to being paid with checks d					ffer employees the option of ost to the employee.						
umber of NH Employees Paid Salary			Number of NH Employees Paid Hourly								
nnual Salary Range: Lowest \$ Highest \$											
minual Salary Range. Low	εσι ψ	ingnesi ψ	Hourry Rate P	tange. Lowest ψ_	Ingnesi ψ						
Monthly Pay	ı	st	Semi	-Monthly Pay	nd						
(1			period of month) (2 pay period of month)		pay period of month)						
			Day/date		Begins: Day/date						
		•			Ends: Day/date						
Payday: Day/date Payday		Payday: Day/da	te	Payday:	Payday: Day/date						
Detailed Reason for Reque	est:										
Please Send to: Wage & Hou	ır Administrato	r	Office Use Only								
NH Department of Labor PO Box 2076			Approved	Date	Ву						
Concord NH 03302-2076			Denied								
AX: (603) 271-8310			Reason for Denial:		[] Incomplete form						
Mail: InspectionDiv@dol.nh.gov			[] No SSF	Pay period dates required							
UESTIONS? Call (603) 271-0127			[] Wages too low [] Pay day required Other:								
ev 181018											