



State of New Hampshire

Department of Labor

Phone:
603.271.0127

Email:
Inspectiondiv@dol.nh.gov

Request for Payment of Wages Other Than Weekly or Biweekly

RSA 275:43,1

Company Name: _____

Federal Identification Number: _____

Mailing Address: _____

City/State/Zip: _____

Physical Address: _____

City/State/Zip: _____

Email: _____ **Telephone:** _____

Contact Person: _____ **Title:** _____

Method(s) of Payment of Wages:		Requested Frequency of Payment:
Cash	Direct Deposit*	Semi-monthly
Check	Payroll Card*	Monthly
Electronic Funds Transfer (EFT)*		
*If the employer elects to pay employees by direct deposit, EFT, or payroll card, the employer shall offer employees the option of being paid with checks drawn on a financial institution convenient to the place of employment at no cost to the employee.		

Number of NH Employees Paid Salary _____ **Number of NH Employees Paid Hourly** _____

Annual Salary Range: *Lowest* \$ _____ *Highest* \$ _____ **Hourly Rate Range:** *Lowest* \$ _____ *Highest* \$ _____

Monthly Pay

Semi-Monthly Pay

(1st pay period of month)

(2nd pay period of month)

Begins: *Day/date* _____

Begins: *Day/date* _____

Begins: *Day/date* _____

Ends: *Day/date* _____

Ends: *Day/date* _____

Ends: *Day/date* _____

Payday: *Day/date* _____

Payday: *Day/date* _____

Payday: *Day/date* _____

Detailed Reason for Request:

<i>Approved</i>	<i>Date</i>	<i>By</i>
<i>Denied</i>		
<i>Reason for Denial:</i>		
No WC		Incomplete form
No SSF		Pay period dates required
Wages too low		Pay day required
Other _____		

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QUESTIONS? Call (603) 271-0127