

New Jersey Department of Labor Division of Unemployment Insurance Bureau of Benefit Payment Control PO Box 948 Trenton, NJ 08625  Phone: (609) 292-0030 FAX: (609) 948-4721	Claimant Name	Social Security No.	PC	Date of Claim
	Employer FEIN			Date of Mailing
	<b>REQUEST FOR INFORMATION ON NEWLY HIRED WORKER</b>			

SAMPLE

Case Locator Number

Your company reported the individual named above as newly hired, rehired, or returned to work after a period of separation. This individual also appears on our records as a recipient of unemployment compensation.

To ensure that this individual is properly reporting earnings for periods for which he/she may be eligible for unemployment benefits, please provide us with the information requested below. You may telephone us at (609) 777-3105 or mail (or FAX to 609-948-4721) this completed letter to the address listed above. You may also e-mail us the requested information at XXXXX. If you e-mail your response, please do not use the individual's Social Security Number in the e-mail. Instead, use the Case Locator Number provided. Please return within 10 days to help us prevent improper payments. Thank you for your cooperation.

Please be aware that individuals who are working less than full-time due to a lack of full-time work may be eligible to receive a partial payment of unemployment benefits.

1. First date on which individual performed work: \_\_\_\_\_

2. Is individual employed  full-time or  part-time?

3. Please provide the individual's gross wages and hours worked for the periods listed below:

Week Beginning	Week Ending	Gross Earnings	Hours Worked	Week Beginning	Week Ending	Gross Earnings	Hours Worked
XX-XX-XXXX	XX-XX-XXXX	\$ _____	_____	XX-XX-XXXX	XX-XX-XXXX	\$ _____	_____
XX-XX-XXXX	XX-XX-XXXX	\$ _____	_____	XX-XX-XXXX	XX-XX-XXXX	\$ _____	_____
XX-XX-XXXX	XX-XX-XXXX	\$ _____	_____	XX-XX-XXXX	XX-XX-XXXX	\$ _____	_____
XX-XX-XXXX	XX-XX-XXXX	\$ _____	_____	XX-XX-XXXX	XX-XX-XXXX	\$ _____	_____

4. Is this individual still employed?  Yes  No

If No, why not? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**I certify that the information submitted by me in this report is true and correct.**

Signature: > \_\_\_\_\_ Official Position \_\_\_\_\_  
 Telephone No. \_\_\_\_\_ Date \_\_\_\_\_