

Employer Information

Federal Identification No: _____

Employer Name: _____

Physical Address: _____

Mailing Address: _____

Telephone No. () _____ - _____



**VIRGIN ISLANDS DEPARTMENT OF LABOR
NEW HIRE REPORTING FORM**

Return To: NEW HIRE PROGRAM
PO BOX 303359
ST. THOMAS, VI 00803-3359

Tel: (340) 776-3700 ext.2038/ 2046
Fax: (340) 774-5908/ 777-4803
E-mail: lspringette@vibls.gov

EMPLOYEE INFORMATION

Social Security No.	Employee Name First - MI - Last	Physical Address	City	State	Zip Code	Date of Birth	Date of Hire	State of Hire

NOTE: Title16, Chapter 13, Subchapter I, Section 378(g), Virgin Islands Code, and 42 U.S.C. 653A(B)(1)(B) **PERSONAL RESPONSIBILITY AND WORK OPPORTUNITY RECONCILIATION ACT OF 1996 (PUBLIC LAW 104-193)** requires all employers to report all new employees within Twenty (20) Days of the date of hire. The date of hire is the first day the individual performs services for you. [If additional space is needed copy this form and submit additional names.]