



GOVERNMENT OF THE UNITED STATES VIRGIN ISLANDS



NEW HIRE REPORTING

Return Form to:
 VIRGIN ISLANDS DEPARTMENT OF LABOR
 NEW HIRE REPORTING PROGRAM
 P.O. BOX 303159
 ST. THOMAS, VI 00803
 P (340) 776-3700 ext. 2009, F (340) 715-5746
 Website: www.vidol.gov

EMPLOYER INFORMATION (Mandatory)										
EMPLOYER NAME:						DATE SUBMITTED:				
Federal Employer Identification Number:						Employer Phone No.:				
Physical Address:						Employer fax / email:				
Mailing Address:						Contact Person:				
City:		State:		Zip Code:		VIESA #:				

EMPLOYEE INFORMATION (Mandatory)											
Employee's Name	Social Security Number	Job Title	Physical Address	City	State	Zip Code	D.O.B	Medical insurance provided?		Date of Hire/ Rehire	Start to Work Date
								Yes	No		
								Yes	No		
								Yes	No		
								Yes	No		
								Yes	No		
								Yes	No		
								Yes	No		
								Yes	No		
								Yes	No		
								Yes	No		
								Yes	No		
								Yes	No		
								Yes	No		
								Yes	No		
								Yes	No		

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 newly hired or rehired employees within Twenty (20) Days of the date of hire. *****Note: The start to work date is the first day the individual performs services for pay. [If additional space is needed copy this form and submit additional names.]