ALICIA G. LIMTIACO
Attorney General

BARBARA P. CEPEDA
Deputy Attorney General & IV-D Director,
Child Support Enforcement Division

OFFICE OF THE ATTORNEY GENERAL

NEW HIRE REPORTING FOR EMPLOYERS
(revised 01/02/07)

Please send the following information to:
Office of the Attorney General – Child Support Division

Fax: (671) 475-3203

Employee: **(*REQUIRED)***

Name: _____

Social Security No.: _____

Date of Birth: _____

Mailing Address: _____

_____

Date of Hire: _____

(OPTIONAL)

Occupation: _____

Start Wage: _____

CIRCLE ONE: Wage Frequency: **Weekly / Bi-Weekly (M / T / W / T / F)** **Monthly / Semi-Monthly (1st / 15th / 30th / Other _____)**

Is Medical Insurance Provided? [ ] Yes [ ] No

Employer: ***(REQUIRED)***

Name: _____

Federal Identification Number: _____

Mailing Address: _____

_____

E-Mail Address: _____

(OPTIONAL) **Phone:** _____ **Fax:** _____

Submitted by: _____
(print) **(signature)**

Contact Person: _____ **Title:** _____
(print) **(print)**