GOVERNMENT OF THE UNITED STATES VIRGIN ISLANDS

US VIRGIN ISLANDS DEPARTMENT of LABOR

americanjobcenter

NEW HIRE REPORTING

Return Form to:
VIRGIN ISLANDS DEPARTMENTOF LABOR
NEW HIRE REPORTING PROGRAM
P.O. BOX 303159
ST. THOMAS, VI 00803
P (340) 776-3700 ext. 2032, F (340) 715-5741
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		

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.]