For Administrative Use Only **New Jersey Commerce and Economic Growth Commission Urban Enterprise Zone Program** File Number **Part-Time Employee Data Sheet** Program Year Important: Only complete this form if you began the UEZ Program with ten or less FULL-TIME employees. **Legal Company Name** N.J. Taxpayer ID# List All Currently-Employed PART-TIME Employees (Part-time employees must work a minimum of 15 hours per week; a minimum of 16 weeks per year; and earn at least \$1,000 per quarter.) Street Address City St. Name (Last, First Initial) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 **GRAND TOTAL** I certify that the part-time employees listed above are currently employed by the Part-Time Employees business which is making application for certification; work a minimum of 15 hours per week and were hired to work a minimum of 16 weeks per year. The employees listed earn at least \$1,000 per quarter.

Rev. 09/05 Signature of Business Contact Date Page _____ of ____

Name of Business Contact (Print or Type)