Unemployment Insurance Program

**NEW HIRE VERIFICATION**

*Español en el reverso*

Benefit Payment Control, Mail Drop 58N1

P.O. Box 29225, Phoenix, Arizona 85038-9225

Telephone: 602-364-4300

Fax: 602-364-1211 or 602-364-1213

<<[data.getClaimantName ()]>>

<<[data.getAddressLine1()]>> <<[data.getAddressLine2()]>>

<<[data.getCity()]>>, <<[data.getState()]>> <<[data.getZip()]>><<if [data.getZipExt() != (data.getZipExt() == “” ? “” : null)]>>-<<[data.getZipExt()]>><</if>>

Date: <<[data.getMailingDate()]>>

Claimant ID: <<[data.getClaimantId()]>>

New Hire Employer: <<[data.getEmployerName()]>>

## IMPORTANT - RESPONSE IS REQUIRED WITHIN 5 CALENDAR DAYS

Federal law requires all employers to report newly hired and re-hired employees. The employer listed above has reported that you started working for them. We have contacted them to verify your employment status and earnings. If an improper payment was made it can be considered fraud and additional penalties will be assessed.

You must answer the following questions:

1. Have you ever worked for the employer listed above? (Circle one) **Yes** **No**

If yes, please answer question number 2. If no, please skip question number 2 and explain in comments section below.

1. Please answer the following questions about the employer listed above:
   * What was your first day of work? / /
   * How many hours per week are you working?
   * What is your rate of pay? $ per

Are you still working for this employer? (Circle one) **Yes** **No**

If **No** **-**

* + What was your last day of work? / /
  + Circle the reason why you are no longer working for this employer:

**Discharged** **Quit** **Laid** **Off** **Other** (please explain in comments section below)

Comments

## SIGN and return this form to the address located in the upper left hand corner no later than 5 calendar days after the date above. Failure to return this form will result in a delay or denial of benefits. The information provided by the employer may cause an overpayment of benefits and may be classified as fraud.

Signature: Date:

## EOE/ADA Disclosures

Equal Opportunity Employer/Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1 •

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