



State of Utah
Department of Workforce Services
EMPLOYMENT INFORMATION

Case Name: _____ Case #: _____
Employed Person: _____ SSN: _____

For **new and returning employment**, the entire form must be completed and signed.
To **verify changes to your current employment**, the employer information and questions relating to changes of employment must be completed, and the form signed.

Please use a black pen to complete form.

Employer Information:

Company Name: _____ Corporate Name (if different): _____
Company Address: _____
Name of Supervisor or HR contact: _____ Phone Number: _____

1. Date employment began or returned to work after leave of absence: _____
2. Is the employment temporary? ☐ Yes ☐ No If yes, what is the expected end date? _____
3. Is the employment considered Educational Work Study? ☐ Yes ☐ No
4. Hourly wage or Salary: \$ _____ /hr. Salary: \$ _____ /Monthly Yearly
5. Number of hours worked each week: _____
Check scheduled work days: ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Sun
Enter work schedule (ex: 9 a.m. to 6 p.m.): From: _____ a.m. / p.m. To: _____ a.m. / p.m.
6. Is overtime offered on a regular basis? ☐ Yes ☐ No Weekly overtime hours: _____ Overtime rate: \$ _____
7. Will the weekly number of hours worked each week vary? ☐ Yes ☐ No
If yes: Minimum hours: _____ Maximum hours: _____
8. How often paid?: ☐ Weekly ☐ Every Two Weeks (ex: every other Friday) ☐ Twice a Month (ex: 5th and 20th)
☐ Monthly ☐ Other (explain): _____
If paid weekly or every two weeks, list day of the week (ex: Fridays): _____
If paid twice a month, list dates: _____
9. Date first paycheck will be (or was) received: _____
What will be the estimated gross amount (before taxes): \$ _____ Hours paid on the first check? _____
10. When does the pay period end (ex: every other Friday or 15th & 30th)? _____
11. Does employment include Tips, Commission, Health Savings Account or Shift Differential? ☐ Yes ☐ No
If yes, list amount and frequency: _____
12. Does employment include bonuses (holiday, profit-sharing, performance, etc.)? ☐ Yes ☐ No
If yes, list amount and frequency: _____
13. Does employer offer Medical, Health, Accident or Comprehensive Insurance? ☐ Yes ☐ No
14. If terminated, list the termination date: _____ Date of final pay check: _____

Employer Signature*

Date

Customer Signature

Date

*Additional verification will be required if employer does not sign form.

Return form to employee or to DWS. If returning to DWS, mail, email, or fax to:

Department of Workforce Services
Imaging Operations
P.O. Box 143245
Salt Lake City, UT 84114-3245

Salt Lake City Area: 801-526-9500
Toll free: 1-877-313-4717

Email: imagingops@utah.gov

Equal Opportunity Employer Program

Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.



State of Utah
Department of Workforce Services
EMPLOYMENT INFORMATION

**DO NOT
WRITE
ON!**

Case Name: _____

Case #: _____

Employed Person: **Your name here**

SSN: _____

For **new and returning employment**, the entire form must be completed and signed.
To **verify changes to your current employment**, the employer information and questions relating to changes of employment must be completed, and the form signed.

- ☐ - Copy exactly
☒ - Fill in based on your knowledge

Please use a black pen to complete form.

Employer Information:Company Name: **Brigham Young University** Corporate Name (if different): _____Company Address: **2024 WSC, Provo, UT 84602**Name of Supervisor or HR contact: _____ Phone Number: **(801) 422-0817**

1. Date employment began or returned to work after leave of absence: _____

2. Is the employment temporary? ☐ Yes ☒ No If yes, what is the expected end date? _____3. Is the employment considered Educational Work Study? ☐ Yes ☒ No

4. Hourly wage or Salary: \$ _____ /hr. Salary: \$ _____ /Monthly Yearly

5. Number of hours worked each week: _____

Check scheduled work days: ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Sun

Enter work schedule (ex: 9 a.m. to 6 p.m.): From: _____ a.m. / p.m. To: _____ a.m. / p.m.

6. Is overtime offered on a regular basis? ☐ Yes ☒ No Weekly overtime hours: _____ Overtime rate: \$ _____7. Will the weekly number of hours worked each week vary? ☐ Yes ☒ No

If yes: Minimum hours: _____ Maximum hours: _____

8. How often paid?: ☐ Weekly ☒ Every Two Weeks (ex: every other Friday) ☐ Twice a Month (ex: 5th and 20th)☐ Monthly ☐ Other (explain): _____If paid weekly or every two weeks, list day of the week (ex: Fridays): **Fridays**

If paid twice a month, list dates: _____

9. Date first paycheck will be (or was) received: _____

What will be the estimated gross amount (before taxes): \$ _____ Hours paid on the first check? _____

10. When does the pay period end (ex: every other Friday or 15th & 30th)? **Every other Friday**11. Does employment include Tips, Commission, Health Savings Account or Shift Differential? ☐ Yes ☒ No

If yes, list amount and frequency: _____

12. Does employment include bonuses (holiday, profit-sharing, performance, etc.)? ☐ Yes ☒ No

If yes, list amount and frequency: _____

13. Does employer offer Medical, Health, Accident or Comprehensive Insurance? ☐ Yes ☒ No14. If terminated, list the termination date: **N/A** Date of final pay check: **N/A**

Employer Signature*

Date

Your Signature here**Today's Date**

Customer Signature

Date

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State of Utah
Department of Workforce Services
EMPLOYMENT INFORMATION

COMPENSATION
[staff/admin]

Case Name: _____ Case #: _____
Employed Person: _____ SSN: _____

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To verify changes to your current employment, the employer information and questions relating to changes of employment must be completed, and the form signed.

Please use a black pen to complete form.

Employer Information:

Company Name: Brigham Young University Corporate Name (if different): _____
Company Address: 2024 WSC, Provo UT 84602
Name of Supervisor or HR contact: _____ Phone Number: 801-422-0817

1. Date employment began or returned to work after leave of absence: _____

2. Is the employment temporary? ☐ Yes ☒ No If yes, what is the expected end date? _____

3. Is the employment considered Educational Work Study? ☐ Yes ☒ No

4. Hourly wage or Salary: \$ _____ /hr. Salary: \$ /Monthly (Yearly)

5. Number of hours worked each week: _____

Check scheduled work days: ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Sun

Enter work schedule (ex: 9 a.m. to 6 p.m.): From: _____ a.m. / p.m. To: _____ a.m. / p.m.

6. Is overtime offered on a regular basis? ☐ Yes ☒ No Weekly overtime hours: _____ Overtime rate: \$ _____

7. Will the weekly number of hours worked each week vary? ☐ Yes ☒ No

If yes: Minimum hours: _____ Maximum hours: _____

8. How often paid?: ☐ Weekly ☒ Every Two Weeks (ex: every other Friday) ☐ Twice a Month (ex: 5th and 20th)

*IF ADMIN → ☒ Monthly ☐ Other (explain): _____

If paid weekly or every two weeks, list day of the week (ex: Fridays): Fridays N/A *ADMIN ONLY

If paid twice a month, list dates: _____

9. Date first paycheck will be (or was) received:

What will be the estimated gross amount (before taxes): \$ Hours paid on the first check?

10. When does the pay period end (ex: every other Friday or 15th & 30th): Every other Friday last day of the month

11. Does employment include Tips, Commission, Health Savings Account or Shift Differential? ☐ Yes ☒ No

If yes, list amount and frequency: _____

12. Does employment include bonuses (holiday, profit-sharing, performance, etc.)? ☐ Yes ☒ No

If yes, list amount and frequency: _____

13. Does employer offer Medical, Health, Accident or Comprehensive Insurance? ☒ Yes ☐ No

14. If terminated, list the termination date: N/A Date of final pay check: N/A

Chanelle Hancock
Employer Signature*

12/9/2016
Date

Customer Signature

Date

*Additional verification will be required if employer does not sign form.

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State of Utah
Department of Workforce Services
Employment Termination

COMPENSATION
[staff/admin]

Case Name: _____ Case #: _____
Employed Person: _____ SSN: _____

Please use a black pen to complete form.

EMPLOYER INFORMATION

Company Name: Brigham Young University
Corporate Name (if different): _____
Company Address: 2024 WSC, Provo UT 84602
Name of Supervisor or HR contact: _____ Phone Number: 801-422-0817

1. Average hours the employee was working per week: 0 in 2016 Hourly wage: \$ 0 ^{*To find -> Job Data}
2. Date of hire: 0 Last day worked: 0 ^{↓ compensation pay rates}
3. Date final check available to the employee: 0
4. Gross amount (before taxes) of final paycheck: 0
5. Total **gross pay** (before taxes) in the month employee received their final check: 0
6. Did employee receive severance pay or vacation pay separate from their final check? NO

If so, how much? _____

7. Reason for leaving: ☐ Quit (list reason) _____ ☐ Laid off (date) _____
☐ Fired (list reason) _____ ☐ Leave of absence (length) _____
☐ Other (reason) _____
^{*confirm in JOB DATA -> WORK LOCATION}

8. Is this a temporary termination or furlough? ☐ Yes ☒ No

If yes, when is the employee expected to return to work for this company? _____

9. Is there an option for continued medical insurance? ☐ Yes ☐ No

If yes, please list insurance carrier: _____ Group #: _____
Policy #: _____ and COBRA amount: \$ _____

10. Does the employee have any retirement and/or 401K benefits? ☐ Yes ☐ No If yes, how much? \$ _____

11. Any additional comments: _____

Chandler Hancock
Employer Signature*

12/9/2016
Date

Customer Signature

Date

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Questions
Call
Cathy
2-6375



State of Utah
Department of Workforce Services
Employment Termination

Case name: _____ Case number: _____
Employed person: _____ SSN: _____

Please use a black pen to complete form. This form is not used to determine Unemployment Insurance eligibility.

Employer Information:

Company name: _____
Corporate name (if different): _____
Company address: _____
Name of supervisor or HR contact: _____ Phone number: _____

Employee History:

1. Average hours the employee worked per week: _____ Hourly wage: \$ _____
2. Date of hire: _____ Last day worked: _____
3. Date final check available to the employee: _____
4. Gross amount (before taxes) of final paycheck: _____
5. Total gross pay (before taxes) in the month employee received their final check: _____
6. Did the employee receive severance pay or vacation pay separate from their final check? _____
If so, how much? _____
7. Reason for leaving: ☐ Quit (state reason) _____ ☐ Laid off (date) _____
☐ Fired (state reason) _____ ☐ Leave of absence (length) _____
☐ Other (state reason) _____
8. Is this a temporary termination or furlough? ☐ Yes ☐ No
If yes, when is the employee expected to return to work for this company? _____
If yes, will the employee receive pay during their leave of absence? _____
9. Is there an option for continued medical insurance? ☐ Yes ☐ No
If yes, please list insurance carrier: _____ Group #: _____
Policy number: _____ and COBRA amount: \$ _____
10. Does the employee have any retirement and/or 401K benefits? ☐ Yes ☐ No If yes, how much? _____
11. Any additional comments: _____

Employer Signature*

Date

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Customer Signature

Date

Return form to employee or to Department of Workforce Services:

Mail - Department of Workforce Services, Imaging Operations, P.O. Box 143245, Salt Lake City, UT 84114-3245
Fax - Salt Lake City Area: 801-526-9500 or Toll free: 1-877-313-4717

Questions? Call - Salt Lake City Area: 801- 526-0950 or Toll Free: 866-435-7414 and press option 5

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* TEMPLATE ONLY *

DWS-ESD 631
Rev. 06/2016



State of Utah Department of Workforce Services Employment Termination

Case name: _____ Case number: _____
Employed person: _____ SSN: _____

Please use a black pen to complete form. This form is not used to determine Unemployment Insurance eligibility.

Employer Information:

Company name: _____
Corporate name (if different): _____
Company address: _____
Name of supervisor or HR contact: _____ Phone number: _____

Employee History:

1. Average hours the employee worked per week: _____ Hourly wage: \$ _____
2. Date of hire: _____ Last day worked: _____
3. Date final check available to the employee: _____
4. Gross amount (before taxes) of final paycheck: _____
5. Total gross pay (before taxes) in the month employee received their final check: _____
6. Did the employee receive severance pay or vacation pay separate from their final check? _____
If so, how much? _____
7. Reason for leaving: ☐ Quit (state reason) _____ ☐ Laid off (date) _____
☐ Fired (state reason) _____ ☐ Leave of absence (length) _____
☐ Other (state reason) _____
8. Is this a temporary termination or furlough? ☐ Yes ☐ No
If yes, when is the employee expected to return to work for this company? _____
If yes, will the employee receive pay during their leave of absence? _____
9. Is there an option for continued medical insurance? ☐ Yes ☐ No
If yes, please list insurance carrier: _____ Group #: _____
Policy number: _____ and COBRA amount: \$ _____
10. Does the employee have any retirement and/or 401K benefits? ☐ Yes ☐ No If yes, how much? _____
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Employer Signature*

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Customer Signature

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* TEMPLATE ONLY *

* DO NOT FILL OUT THIS FORM BUT YOUR OWN *



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COMPENSATION
[staff/admin]

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2. Is the employment temporary? ☐ Yes ☒ No If yes, what is the expected end date? _____

3. Is the employment considered Educational Work Study? ☐ Yes ☒ No

4. Hourly wage or Salary: \$ _____ /hr. Salary: \$ /Monthly (Yearly)

5. Number of hours worked each week: _____

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Enter work schedule (ex: 9 a.m. to 6 p.m.): From: _____ a.m. / p.m. To: _____ a.m. / p.m.

6. Is overtime offered on a regular basis? ☐ Yes ☒ No Weekly overtime hours: _____ Overtime rate: \$ _____

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If paid twice a month, list dates: _____

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11. Does employment include Tips, Commission, Health Savings Account or Shift Differential? ☐ Yes ☒ No

If yes, list amount and frequency: _____

12. Does employment include bonuses (holiday, profit-sharing, performance, etc.)? ☐ Yes ☒ No

If yes, list amount and frequency: _____

13. Does employer offer Medical, Health, Accident or Comprehensive Insurance? ☒ Yes ☐ No

14. If terminated, list the termination date: N/A Date of final pay check: N/A

Chanelle Hancock
Employer Signature*

12/9/2016
Date

Customer Signature

Date

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COMPENSATION
[staff/admin]

Case Name: _____ Case #: _____
Employed Person: _____ SSN: _____

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EMPLOYER INFORMATION

Company Name: Brigham Young University
Corporate Name (if different): _____
Company Address: 2024 WSC, Provo UT 84602
Name of Supervisor or HR contact: _____ Phone Number: 801-422-0817

1. Average hours the employee was working per week: 0 in 2016 Hourly wage: \$ 0 ^{*To find -> Job Data}
2. Date of hire: 0 Last day worked: 0 ^{↓ compensation pay rates}
3. Date final check available to the employee: 0
4. Gross amount (before taxes) of final paycheck: 0
5. Total **gross pay** (before taxes) in the month employee received their final check: 0
6. Did employee receive severance pay or vacation pay separate from their final check? NO

If so, how much? _____

7. Reason for leaving: ☐ Quit (list reason) _____ ☐ Laid off (date) _____
☐ Fired (list reason) _____ ☐ Leave of absence (length) _____
☐ Other (reason) _____
^{*confirm in JOB DATA -> WORK LOCATION}

8. Is this a temporary termination or furlough? ☐ Yes ☒ No

If yes, when is the employee expected to return to work for this company? _____

9. Is there an option for continued medical insurance? ☐ Yes ☐ No

If yes, please list insurance carrier: _____ Group #: _____
Policy #: _____ and COBRA amount: \$ _____

10. Does the employee have any retirement and/or 401K benefits? ☐ Yes ☐ No If yes, how much? \$ _____

11. Any additional comments: _____

Chandler Hancock
Employer Signature*

12/9/2016
Date

Customer Signature

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