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☐ Fill in based on
your knowledge

DWS-ESD 630
Rev. 04/2020



State of Utah
Department of Workforce Services
EMPLOYMENT INFORMATION



D11120900160101

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

For new, changes, and returning employment, the entire form must be completed and signed by the employer. **Please use a black pen to complete form.**

Employer Information:

Company name: Brigham Young University
Corporate name (if different): _____
Payroll company (if different): _____
Company address: 2024 WSC, Provo UT 84602
Name of supervisor or HR contact: _____ Phone number: (801) 422-0817

Employee Information:

1. Date employment began, changed, 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: \$ _____ /hr. or Salary: \$ _____ /Monthly ☐ /Yearly ☐
5. Will the number of hours worked each week vary? ☐ Yes ☐ No
If yes, minimum hours: _____ Maximum hours: _____
If no, list the number of hours worked each week: _____
6. Are there months where this employee works more or less than the hours reported in question 5?
(e.g., a teacher who does not work during the summer) ☐ Yes ☐ No If yes, which months and how many
hours will the employee work each week? _____
7. Is overtime offered on a regular basis? ☐ Yes ☒ No Weekly overtime hours: _____
Overtime rate: \$ _____
8. How often paid?: ☒ Every two weeks (e.g., every other Friday) List day of the week paid: Fridays
☐ Twice per month (e.g., 5th and 20th) List dates: _____
☐ Weekly ☐ Monthly ☐ Other: _____
9. Date first paycheck will be (or was) received: _____
What is the estimated gross amount (before taxes)? \$ _____ Hours paid on the first check? _____
10. When does the pay period end (e.g., every other Friday or 15th and 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 (e.g., holiday, profit-sharing, performance, etc.)? ☐ Yes ☒ No
If yes, list amount and frequency: _____
13. Does the employer offer health insurance? ☐ Yes ☒ No
Is the employee eligible to enroll? ☐ Yes ☐ No If no why: _____
14. If terminated, list the termination date: N/A Date of final pay check: N/A

Employer Signature*

Date

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

Your Signature here

Today's date

Customer Signature

Date

Return form to employee or the 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

Equal Opportunity Employer/Program

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