



GOVERNMENT OF THE UNITED STATES VIRGIN ISLANDS



NEW HIRE REPORTING

**Return Form to:**  
 VIRGIN ISLANDS DEPARTMENT OF LABOR  
 NEW HIRE REPORTING PROGRAM  
 P.O. BOX 303159  
 ST. THOMAS, VI 00803  
 P (340) 776-3700 ext. 2009, F (340) 715-5746  
 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 |                      |                    |
|                                  |                        |           |                  |      |       |          |       | 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.]