



State of New Hampshire

Department of Labor

Phone:
603.271.0127

Email:
Inspectiondiv@dol.nh.gov

Request for Payment of Wages Other Than Weekly or Biweekly

RSA 275:43,1

Company Name: _____

Federal Identification Number: _____

Mailing Address: _____

City/State/Zip: _____

Physical Address: _____

City/State/Zip: _____

Email: _____ **Telephone:** _____

Contact Person: _____ **Title:** _____

Method(s) of Payment of Wages:		Requested Frequency of Payment:
Cash	Direct Deposit*	Semi-monthly
Check	Payroll Card*	Monthly
Electronic Funds Transfer (EFT)*		

*If the employer elects to pay employees by direct deposit, EFT, or payroll card, the employer shall offer employees the option of being paid with checks drawn on a financial institution convenient to the place of employment at no cost to the employee.

Number of NH Employees Paid Salary _____ **Number of NH Employees Paid Hourly** _____

Annual Salary Range: Lowest \$ _____ Highest \$ _____ **Hourly Rate Range:** Lowest \$ _____ Highest \$ _____

Monthly Pay

Begins: Day/date _____

Ends: Day/date _____

Payday: Day/date _____

(1st pay period of month)

Begins: Day/date _____

Ends: Day/date _____

Payday: Day/date _____

Semi-Monthly Pay

(2nd pay period of month)

Begins: Day/date _____

Ends: Day/date _____

Payday: Day/date _____

Detailed Reason for Request:

Email: InspectionDiv@dol.nh.gov

QUESTIONS? Call (603) 271-0127

Approved	Date	By
Denied		
Reason for Denial:		
No WC	No SSF	Wages too low
Other _____	Incomplete form	Pay period dates required
	Pay day required	