



State of Utah
Department of Workforce Services
MONTHLY EMPLOYMENT & INCOME STATEMENT
TEMP AGENCY

Case Name: _____ Case #: _____
Employed Person: _____ Date: _____

Complete the following form and provide any paystubs or wage printout for income received in the last 90 days.

Please use a black pen to complete form.

TEMP AGENCY INFORMATION:

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

EMPLOYMENT INFORMATION:

- Date employee registered with agency: _____
- Date employee began new assignment: _____
- What is the status of the employee's new assignment? (Check one)
 Full-time Part-time Temporary Other (please explain): _____
 If temporary, how long will the assignment last? _____
- Wage or Salary: \$ _____ /hour or \$ _____ / Monthly
- Hours per week employee will be working? _____ /wk.
 Check scheduled work days: Mon Tue Wed Thu Fri Sat Sun
 Enter work schedule: From: _____ a.m./p.m., To: _____ a.m./p.m.
- How often is employee paid? (Check one) Daily Weekly Other: _____
- Day of week check is available: _____ Date first check received: _____

IF CURRENT ASSIGNMENT HAS ENDED:

- Date last worked: _____ Date last paid: _____
- Gross amount (before taxes) of last paycheck: \$ _____
- Total **gross pay** (before taxes) in the month employee received their last check: \$ _____

ADDITIONAL ASSIGNMENTS (if current one has ended):

- Are additional assignments available: Yes No
- When will additional assignments be available for the employee: _____
- Has the employee turned down any assignments (explain): _____

Temp Agency 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.