

New Hire Reporting Form

Required Employer Information

FEIN:

Employer Name:

Address:

Contact Name:

Contact Phone #:

Please mail or fax to:

Commonwealth of Pennsylvania
 New Hire Reporting Program
 P. O. Box 69400
 Harrisburg, PA 17106-9400

Fax: 717-657-HIRE (717-657-4473)
1-866-748-4473 (TOLL FREE)
 Phone: 1-888-PAHIRES (1-888-724-4737)
(for questions only)

This form can be duplicated

Required Employee Information *(Please type or print legibly in black or blue ink.)*

Employee Social Security # _____ Date of Birth (mm/dd/yyyy) optional _____ Date of Hire (mm/dd/yyyy) _____

Name (first) _____ (middle) _____ (last) _____

Address _____

City _____ State _____ Zip _____

Employee Social Security # _____ Date of Birth (mm/dd/yyyy) optional _____ Date of Hire (mm/dd/yyyy) _____

Name (first) _____ (middle) _____ (last) _____

Address _____

City _____ State _____ Zip _____

Employee Social Security # _____ Date of Birth (mm/dd/yyyy) optional _____ Date of Hire (mm/dd/yyyy) _____

Name (first) _____ (middle) _____ (last) _____

Address _____

City _____ State _____ Zip _____

New Hire Reporting

Lending a Hand to Pennsylvania's Children