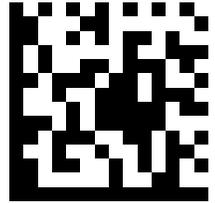




State of Utah  
Department of Workforce Services

**MONTHLY EMPLOYMENT AND INCOME STATEMENT  
TEMPORARY EMPLOYMENT AGENCY**



D32319901240101

Case name: \_\_\_\_\_ Case number: \_\_\_\_\_

Employed person: \_\_\_\_\_ Date: \_\_\_\_\_

Complete the following form and provide any pay stubs or wage printout for income received in the last 90 days. **Please use a black pen to complete form.**

**Temporary Employment Agency Information:**

Company name: \_\_\_\_\_

Corporate name (if different): \_\_\_\_\_

Payroll company (if different): \_\_\_\_\_

Company address: \_\_\_\_\_

Name of supervisor or HR contact: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Employment Information:**

1. Date employee registered with agency: \_\_\_\_\_

2. Date employee began new assignment: \_\_\_\_\_

3. What is the status of the employee's new assignment? (check one)  Full-time  Part-time

Other (explain): \_\_\_\_\_

How long will the assignment last? \_\_\_\_\_

4. Hourly wage: \$ \_\_\_\_\_ /hr. or Salary: \$ \_\_\_\_\_  /Monthly  /Yearly

5. Hours employee will be working: \_\_\_\_\_ /wk.

Check scheduled work days:  Mon  Tues  Wed  Thurs  Fri  Sat  Sun

Enter work schedule (example: 9 a.m. to 6 p.m.) From: \_\_\_\_\_ a.m. / p.m. To: \_\_\_\_\_ a.m. / p.m.

6. How often paid? (check one):  Daily  Weekly  Other (explain): \_\_\_\_\_

7. Day of week check is available: \_\_\_\_\_ Date first check received: \_\_\_\_\_

**If current assignment has ended:**

1. Date last worked: \_\_\_\_\_ Date last paid: \_\_\_\_\_

2. Gross amount of last paycheck (before taxes): \$ \_\_\_\_\_

3. Total gross pay in the month employee received their last check (before taxes): \$ \_\_\_\_\_

4. Are additional assignments available?  Yes  No

5. When will additional assignments be available for the employee? \_\_\_\_\_

6. Has the employee turned down any assignments? (explain if yes): \_\_\_\_\_

\_\_\_\_\_  
Employer Signature\*

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

**Return form to employee or to 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.