



STATE OF NEW HAMPSHIRE DEPARTMENT OF LABOR

REQUEST FOR PAYMENT OF WAGES OTHER THAN WEEKLY

COMPANY NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

CONTACT PERSON: _____

FEDERAL ID NUMBER: _____

NUMBER AND CLASSIFICATION EMPLOYEE: Salary: _____ Hourly: _____

METHOD OF PAYMENT: Bank Check _____ Cash _____

Direct Deposit _____ Electronic Funds Transfer _____

FREQUENCY OF PAYMENT: Biweekly _____: Semi-Monthly _____: Monthly _____;

SALARY RANGE (LOWEST TO HIGHEST) _____

DAY OF THE WEEK PAY PERIOD BEGINS _____

DAY OF THE WEEK PAY PERIOD ENDS _____

DESIGNATED PAY DAY _____

DETAILED REASON FOR REQUEST _____

Please send to:

Cynthia Flynn

Wage & Hour Administrator

New Hampshire Department of Labor

PO Box 2076

Concord, NH 03302-2076