



State of New Hampshire
Department of Labor

Request for Payment of Wages Other Than Weekly

RSA 275:43,1

Please print or type. Complete all sections.

Company Name: _____

Federal Identification Number: _____

Mailing Address: _____ City/State/Zip: _____

Physical Address: _____ City/State/Zip: _____

Telephone: _____ FAX: _____

Contact Person: _____ Title: _____

Method(s) of Payment: [] Cash, [] Check, [] Direct Deposit*, [] Electronic Funds Transfer (EFT)*, [] Payroll Card*
Requested Frequency of Payment: [] Bi-weekly, [] Semi-monthly, [] Monthly
*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 Employees Paid Salary _____ Number of Employees Paid Hourly _____

Annual Salary Range: Lowest _____ to Highest _____

Hourly Rate Range: Lowest _____ to Highest _____

Pay Period begins on: Day or date _____ Pay Period Ends on: Day or date _____

Designated Payday: Day or date _____

Detailed Reason for Request: _____

Please Send to: Administrator
Inspection Division
NH Department of Labor
PO Box 2076
Concord NH 03302-2076

or FAX to: 603-271-8310

Office Use Only
[] Approved Date By
[] Denied
Reason for Denial:

QUESTIONS? Call 603-271-0127