



NEW HAMPSHIRE EMPLOYMENT SECURITY

WorkInvestNH-EMT - EMT OJT EMPLOYMENT INVOICE

Invoice Period from _____ to _____
(4 week maximum)

Contract Number: _____

Licensed EMS Unit: _____

Employee Name: _____

Address: _____

Occupation: _____

City/State/Zip: _____

S.O.C. Code: _____

1) Total Wages Earned While In Training: _____

2) Reimbursement: \$ _____ x 50% = \$ _____

(Gross wages paid while in training only)

(Reimbursement rate up to \$2,000)

Successful completion of training? YES NO Date Completed: _____

Authorized Employer Signature

Authorized NHES Signature

Printed Name

Sarah Morrissey
Printed Name

Title

ESB Director
Title

Date

Date

COMPLETE AND RETURN TO:

NEW HAMPSHIRE EMPLOYMENT SECURITY
ATTN: Operations Unit
45 South Fruit Street
Concord, New Hampshire 03301

PREFERRED: workinvestnh-emt@nhes.nh.gov