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| --- |
| Claimant's Name Social Security Number  \*\*\*-\*\*-XXXX  Date Issued:  XX/XX/XXXX  Return to:  BENEFIT PAYMENT CONTROL  45 SOUTH FRUIT STREET  CONCORD NH 03301-4857  Phone: (603) 228-4071  Fax: (603) 229-4390 |

Nationwide, employers are required to report employees who are newly hired, rehired or return to work after a period of unemployment. This information is used to confirm whether recipients of unemployment compensation have correctly reported wages earned for any week(s) claimed after returning to work. The employer listed below has reported you may have become employed as of XX/XX/XXXX.

|  |  |
| --- | --- |
|  | **NEW HAMPSHIRE EMPLOYMENT SECURITY  NEW HIRE NOTIFICATION LETTER** |
| JFS-84400 |  |

The Department is requesting wage information from the above employer and should there be any discrepancies on your claim, you will be mailed another letter with information for your review and response. If you disagree with the hire date indicated above or have other information to provide, please contact the Benefit Payment Control Unit at 1-800-852-3400, Ext. 84146 or 1-603-228-4146.

Si usted no puede leer esto, llame por favor a 1-800-266-2252 para una traduccion.

\*000513010100\*

**DSN: 000280 THIS SPACE FOR OFFICIAL USE ONLY PSN: 000280**

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