



# NEW HAMPSHIRE EMPLOYMENT SECURITY

## Granite Workforce Subsidized Employment (SE) Invoice

Invoice Period from \_\_\_\_\_ to \_\_\_\_\_

Contract Number: \_\_\_\_\_ Employer: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

S.O.C. Code: \_\_\_\_\_

1) Total Wages Earned previous 4 weeks: \_\_\_\_\_

2) Reimbursement: \$ \_\_\_\_\_ x 50% = \$ \_\_\_\_\_  
(Gross Wages paid previous 4 weeks) (SE reimbursement rate)

NOTE: Maximum Reimbursement for SE Contract: \$2,000.00

\_\_\_\_\_  
Authorized Employer Signature

\_\_\_\_\_  
Authorized NHES Signature

\_\_\_\_\_  
Printed Name

Pamela Szacik  
\_\_\_\_\_  
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