



**Payroll Verification: Employer of Record Division**

*On behalf of*

**Vocational Rehabilitation New Hampshire**

**Employee Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_

**Assignment Title:** \_\_\_\_\_

**Assignment Location:** \_\_\_\_\_

**Rate of Pay:** \$12.00/hr. Payroll week runs Sunday through Saturday.

**Paycheck:** Your paycheck will be mailed to you on the Thursday following your work week.

I hereby give my consent to a representative of McIntosh Personnel Services, LLC to photocopy my identifying documents and maintain those records for the purpose of completing the employment eligibility verification form in the United States.

I have reviewed my pay rate and pay week information.

My signature verifies that that I understand and provide consent.

\_\_\_\_\_

**Employee Signature**