



Commonwealth of the Northern Mariana Islands
Office of the Attorney General

2nd Floor Hon. Juan A. Sablan Memorial Bldg.
 Caller Box 10007, Capitol Hill
 Saipan, MP 96950

NEW HIRE REPORTING FOR EMPLOYERS

EMPLOYER NAME AND ADDRESS		EMPLOYER FEDERAL ID NUMBER (FEIN)
NEW OR REHIRED EMPLOYEES		
EMPLOYEE LAST NAME	EMPLOYEE FIRST NAME	EMPLOYEE MIDDLE NAME
EMPLOYEE ADDRESS		
EMPLOYEE CITY	EMPLOYEE STATE	EMPLOYEE ZIP CODE
EMPLOYEE SOCIAL SECURITY NO.	EMPLOYEE BIRTH DATE	EMPLOYEE DATE OF HIRE

OPTIONAL INFORMATION:

EMPLOYEE OCCUPATION
EMPLOYEE START WAGE:
WAGE FREQUENCY: ____ Weekly ____ Bi-weekly ____ Semi-monthly ____ Monthly (M / T / W / TH / F) (1 ST / 15 TH / 30 TH / Other ____)
Is Medical Insurance Available / Provided? [] YES [] NO

Submitted by: _____ (print) _____ (signature)

Contact person: _____ (print) Title: _____ (print)

New Hire Form (6/27/2018)

Civil Division
 Telephone: (670) 237-7500
 Facsimile: (670) 664-2349

Criminal Division
 Telephone: (670) 237-7600
 Facsimile: (670) 234-7016

Attorney General's Investigation Division
 Telephone: (670) 237-7627
 Facsimile: (670) 234-7016

Victim Witness Advocacy Unit
 Telephone: (670) 237-7602
 Facsimile: (670) 664-2349