Louisiana New Hire/Rehire Form

Effective October 1, 1997 Act 97 of the 1997 LA Legislative Session requires all Louisiana Employers, both public and private, to report all newly hired or rehired employees to the State of Louisiana within 20 days of hire. Information about new hire reporting and online reporting is available on our Web site: **www.LA-newhire.com**

Send completed forms to:
Fax - (888) 223-1462 or mail -
Louisiana Directory of New Hires
PO Box 138078
Sacramento, CA 95813-8078

To ensure the highest level of accuracy, please print neatly in capital letters and avoid contact with the edges of the boxes. The following will serve as an example:

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	EMPLOYER INFOR	
Federal Employer ID Number (FEIN):		State ID Number (required if available):
Employer Name:		
Employer Address:		
Employer City:		Employer State: Zip Code (5 digit):
Employer Gity.		Limployer State. Zip Gode (3 digit).
Employer Phone (optional):	Extension:	Employer Fax (optional):
Email (optional):		
	EMPLOYEE INFOR	
Employee Social Security Number (S		RMATION Date of Hire: (First day employee works for pay)
Employee Social Security Number (S		
Employee Social Security Number (S		
		Date of Hire: (First day employee works for pay)
		Date of Hire: (First day employee works for pay)
Employee First Name:		Date of Hire: (First day employee works for pay)
Employee First Name:		Date of Hire: (First day employee works for pay)
Employee First Name: Employee Last Name:		Date of Hire: (First day employee works for pay)
Employee First Name: Employee Last Name:		Date of Hire: (First day employee works for pay)
Employee First Name: Employee Last Name: Employee Address:		Date of Hire: (First day employee works for pay) Middle Name:
Employee First Name: Employee Last Name:		Date of Hire: (First day employee works for pay)
Employee First Name: Employee Last Name: Employee Address:		Date of Hire: (First day employee works for pay) Middle Name: