



NEW HIRE REPORTING FORM
 ND DEPARTMENT OF HUMAN SERVICES
 CHILD SUPPORT ENFORCEMENT
 SFN 1018 (Rev. 11-2003)

Mail To:
 Child Support Enforcement
 ND Department of Human Services
 PO Box 7369
 Bismarck, ND 58507-7369

OR

Date:

Fax To:
 Child Support Enforcement
 ND Department of Human Services
 Fax #: (701) 328-5497
 Total Pages Faxed: _____

Part 1: Employer Information *(please print or type)*

Employer Name:
 Address:
 City: State: Zip Code:
 Federal Employer Identification Number:

For SDNH office use only.

Part 2: Employee Information *(please print or type)*

| | Employee Name | Employee Address | Employee Social Security Number | Employee Date of Birth (optional) | Employee Date of Hire (optional) |
|---|---------------|------------------|---------------------------------|-----------------------------------|----------------------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |

(Use continuation sheet to report additional new hires.)

Employer Representative: Telephone: