



State of Utah  
Department of Workforce Services  
**MONTHLY EMPLOYMENT & INCOME STATEMENT**  
**TEMP AGENCY**

Case Name: \_\_\_\_\_ Case #: \_\_\_\_\_  
Employed Person: \_\_\_\_\_ Date: \_\_\_\_\_

Complete the following form and provide any paystubs or wage printout for income received in the last 90 days.

**Please use a black pen to complete form.**

**TEMP AGENCY INFORMATION:**

Company Name: \_\_\_\_\_  
Corporate Name (if different): \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Name of Supervisor or HR Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**EMPLOYMENT INFORMATION:**

1. Date employee registered with agency: \_\_\_\_\_
2. Date employee began new assignment: \_\_\_\_\_
3. What is the status of the employee's new assignment? (Check one)  
☐ Full-time ☐ Part-time ☐ Temporary ☐ Other (please explain): \_\_\_\_\_  
If temporary, how long will the assignment last? \_\_\_\_\_
4. Wage or Salary: \$ \_\_\_\_\_ /hour or \$ \_\_\_\_\_ / Monthly
5. Hours per week employee will be working? \_\_\_\_\_ /wk.  
Check scheduled work days: ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun  
Enter work schedule: From: \_\_\_\_\_ a.m./p.m., To: \_\_\_\_\_ a.m./p.m.
6. How often is employee paid? (Check one) ☐ Daily ☐ Weekly ☐ Other: \_\_\_\_\_
7. Day of week check is available: \_\_\_\_\_ Date first check received: \_\_\_\_\_

**IF CURRENT ASSIGNMENT HAS ENDED:**

1. Date last worked: \_\_\_\_\_ Date last paid: \_\_\_\_\_
2. Gross amount (before taxes) of last paycheck: \$ \_\_\_\_\_
3. Total **gross pay** (before taxes) in the month employee received their last check: \$ \_\_\_\_\_

**ADDITIONAL ASSIGNMENTS (if current one has ended):**

1. Are additional assignments available: ☐ Yes ☐ No
2. When will additional assignments be available for the employee: \_\_\_\_\_
3. Has the employee turned down any assignments (explain): \_\_\_\_\_

\_\_\_\_\_  
Temp Agency Signature\*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

\*Additional verification will be required if employer does not sign form.

**Return form to employee or to DWS. If returning to DWS, mail, email, or fax to:**

Department of Workforce Services  
Imaging Operations  
P.O Box 143245  
Salt Lake City, UT 84114-3245

Salt Lake City Area: 801-526-9500  
Toll free: 1-877-313-4717

Email: [imagingops@utah.gov](mailto:imagingops@utah.gov)

***Equal Opportunity Employer Program***

Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.