

MISSISSIPPI DEPARTMENT *of* EMPLOYMENT SECURITY **NEW HIRE REPORTING**

TO EMPLOYER: To assist in reducing unemployment insurance fraud and overpayments, please complete this card and submit it online or mail it to the address listed below. Please make sure the card is submitted online or mailed the same day that a new hire, rehire or job refusal was made.

Employer Name: _____ Phone: _____

Address: _____

Date: _____ Signature: (Of Company Representative) _____

IF REPLYING BY EMAIL, TYPE YOUR EMAIL ADDRESS HERE.

1. Employee Name:

Social Security Number:

Date to Begin Work: _____

Date Refused Job: _____

2. Employee Name:

Social Security Number:

Date to Begin Work: _____

Date Refused Job: _____

3. Employee Name:

Social Security Number:

Date to Begin Work: _____

Date Refused Job: _____