



State of New Hampshire

Department of Labor

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School District Request for Payment of Wages by Equal Installments

RSA 275:43 IV-a

School District Information

School District Name	SAU #	FEIN/EIN	
Physical Address		Mailing Address (if different)	
Contact Person Name	Contact Title	Phone Number	Email Address

Frequency of Payment/Request for other than Weekly or Biweekly:

Weekly
 Biweekly
 Monthly*
 Semi-Monthly**

<u>Request for Monthly*</u>		
Pay Period Begins (Date)	Pay Period Ends (Date)	Designated Pay Day (Date)

<u>Request for Semi-Monthly**</u>		
1st Pay Period Begins (Date)	1st Pay Period Ends (Date)	1st Designated Pay Day (Date)
2nd Pay Period Begins (Date)	2nd Pay Period Ends (Date)	2nd Designated Pay Day (Date)

Collective Bargaining & Wages Information

**Attach a Copy of the CBA's Equal Installment/Equalized Pay Provision*

Collective Bargaining Unit/Union	Effective Date	Expiration/End Date	
# Hourly Employees Covered by the CBA	Lowest Hourly Rate	Highest Hourly Rate	Number of Equal Installments

Employee Classifications Covered by the Collective Bargaining Agreement
(ex. Paraprofessionals, Classroom Assistants, etc.)

For DOL Use Only

Approved Denied

_____ **DOL Authorized Signature**

_____ **Date**

Reason for Denial: