

Rhode Island Department of Labor and Training
Labor Standards Unit
1511 Pontiac Avenue – Bldg 70-2
PO Box 20390
Cranston, RI 02920-0942
(401) 462-8550

EMPLOYEE BI-WEEKLY PAY APPLICATION

This application must be submitted with original signatures. No facsimile copies will be accepted.

Company Name: _____
Business Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: (____) _____ Email: _____
Contact Person: _____ Title: _____

Corporate Office Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: (____) _____

Name as listed with Rhode Island Secretary of State (if different from above):

Name of Company: _____
Name of Rhode Island Agent: _____
Address of Rhode Island Agent: _____
City: _____ State: _____ Zip Code: _____
Telephone: (____) _____

FEIN Number of Company: _____

1. _____ certifies that its average payroll exceeds 200% of the
(Company Name)
State minimum wage. Please submit payroll records that demonstrate your satisfaction of this
requirement.

**** OR ****

_____ certifies that its average payroll does not exceed 200% of the
(Company Name)
State minimum wage. The company provides the following in furtherance of its request:

- A.) Method wages shall be paid: _____
- B.) Employers designated pay day: _____
- C.) Classification of employees involved: _____
- D.) Salary range of employees involved: _____

2. Has the company ever had wage and hour violations? YES NO

3. _____ certifies that it will maintain a surety bond or letter of credit in
(Company Name)
the amount of the highest bi-weekly payroll exposure in the preceding year. (Attach a copy of the
surety. Also include a summary of the payroll record demonstrating the highest bi-weekly payroll
exposure in the preceding year.)

4. _____ certifies that if the involved employees are subject to collective
(Company Name)
bargaining, the employer provides written consent of the collective bargaining representative for all
involved employees. Attached if applicable.

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Employer Certification

I, as a duly authorized representative of captioned company, certify that all of the provided information is true and correct; and that captioned company will continue to satisfy the requirements set forth in this document.

I understand that the certifications made by captioned company, in its foregoing application, is subject to periodic audits by DLT for compliance.

I understand that captioned company's authorization to pay employees bi-weekly is contingent upon the company's continued satisfaction of the requirements in this application.

I understand that when approval is granted that it is valid for an indefinite period of time

I understand that four years from the original date of approval, each employer must submit an Affidavit of Continued Compliance. This Affidavit will be available on the Department's website and must be notarized.

I understand that if it is determined by DLT, that captioned company has not satisfied the requirements set forth in this application, then captioned company's authorization to pay employees bi-weekly will be revoked, effective by written notice from DLT to captioned company. The company may reapply to pay employees bi-weekly one (1) year after receiving written notification that their authorization has been revoked.

Signature: _____ Date: _____
Print Name: _____ Title: _____

BI-WEEKLY PAY APPLICATION CHECKLIST

BEFORE YOU SUBMIT YOUR APPLICATION PLEASE REVIEW THIS CHECKLIST TO ENSURE THAT YOU HAVE PROVIDED ALL OF THE NECESSARY INFORMATION

**APPLICATIONS MUST BE SUBMITTED IN FULL
INCOMPLETE APPLICATIONS WILL BE RETURNED**

1. ____ Application is submitted with original signature. No facsimile copies will be accepted.
2. ____ Copy of surety bond or letter of credit in the amount of the highest bi-weekly exposure in the preceding year.
3. ____ Copy of payroll records indicating highest bi-weekly exposure in the preceding year.
4. ____ Written consent of the collective bargaining representative when employees are subject to a collective bargaining agreement.
5. ____ Certification that company has no wage and hour violations (#2 on application).
6. ____ Copy of payroll records indicating that average payroll exceeds 200% of the State minimum wage, which is \$8.00 per hour effective January 1, 2014.
7. For companies where their average payroll does not exceed 200% of the State minimum wage (\$8.00/hour):
 - A. ____ Explanation of method wages will be paid
 - B. ____ Identification of employees' designated payday
 - C. ____ Identification of the classification of employees involved
 - D. ____ Identification of the salary ranges of employees