



STATE OF RHODE ISLAND
 DEPARTMENT OF LABOR AND TRAINING
 LABOR STANDARDS UNIT
 1511 Pontiac Avenue – Building 70-2
 P.O. Box 20390 Cranston, RI 02920-0942
 (401) 462-8550

AFFIDAVIT OF CONTINUED COMPLIANCE

I, _____, being first duly sworn, depose and say:
 Name

1. I have personal knowledge of the facts herein set forth.
2. All of the information provided in the Employee Bi-Weekly Pay Application for _____, dated _____ remains the same.
 Company Name
3. _____ (company name) continues to satisfy all of the requirements set forth in the company's Employee Bi-Weekly Pay Application dated _____.
4. _____ (company name) has paid all employees their full wages in a timely manner since the Rhode Island Department of Labor and Training authorized the company to pay employees bi-weekly.
5. _____ (company name) continues to remain in compliance with all other state labor laws.

 Signature

 Title

On this _____ day of _____, _____, before me the undersigned notary public, personally appeared _____ (name of document signer), personally known to the notary to be the person who signed the preceding or attached document in my presence and who swore or affirmed to the notary that the contents of the document are truthful and accurate to the best of his/her knowledge and belief.

 Signature of Notary

 Print Name

My Commission Expires: _____

Notary ID #: _____