



New Class Code/Location Request Temporary Staffing Clients

Please note this form must be completed in its entirety.

Vensure Client Name: _____

Client Company Name: _____

E-mail: _____ Phone: _____

Staffing Client Location/Address: _____

City: _____ State: _____ Zip: _____

Class Code Requested (if known): _____

Number of Employees for New Code: _____

Estimated Annual Gross Payroll: _____

Class Code Requested Begin Date: _____

Detailed description of employee work duties to be performed: _____

Instructions: Fill out request in its entirety and e-mail to winfo@vensure.com. Please be sure to provide as much detail as possible in the description of employee work duties to ensure employees are classified accurately.

Note: Please allow 24-48 hours for approval process.

For Internal Use Only

New Comp Code State: _____ New Comp Code Only: _____

___ Approved by UW
___ Location Added
___ WC MOD State Added
___ Job Code Added

___ Approved by UW
___ Job Code Added

Client Reporting SUTA: ___ Yes ___ No

___ EIN Added
___ Rate Added