

## New Class Code/Location Request Non-Temporary Staffing Clients

	must be completed in its entirety.		
Name:			
New Clien	nt 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: _		
<b>D</b> ( !!   !			
Detailed of	description of employee work duties to b	e performed:	
Instruction	ons: Please be sure to provide as much deta	il as possible in the desci	ription of employee work duties
to ensure	employees are classified accurately.		
Note: Plea	se allow 24-48 hours for approval.		
	Fill out request in its entirety a	nd email to risk@key	hro.com.
For Interna	al Use Only		
	o Code State: proved by UW	New Comp Code Only: Approved by UW	
	cation Added	☐ Approved by Ovv	
	C MOD State Added		
Job	Code Added		
	Reporting SUTA: Yes No		
_	J Added te Added		
∟ Rai			
	6959 University Blvd, Winter Park, FL 32792   o.	800.922.4133   f. 800.955.81	44 www.keyhro.com