FRONTLINE HRO
STAFFING GROUP HOLDINGS

NEW CLASS CODE/LOCATION REQUEST

This form must be completed in its entirety.

Frontline HRO Client:

Name: _____

New Host Name: _____

Host Location/Address: _____

City: _____ State: _____ Zip: _____

Class Code Requested (if known) : _____

Number of Employees for New Code: _____

Estimated Annual Gross Payro ll: _____

Class Code Requested Begin Date : _____

Detailed description of employee work duties to be performed:

_____

_____

_____

_____

_____

_____

_____

Instructions: 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.

Fill out request in ~~its entirety and email to~~ risk@frontlinehro.com.

For Internal Use Only

New Comp Code State: New Comp CodeOnly:_____
- ☐ Approved by UW
- ☐ Location Added
- ☐ WC MOD State Added
- ☐ Job Code Ad ded

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Client Reporting SUTA: ☐ Yes ☐ No
- ☐ EIN Added
- ☐ Rate Added

New Comp Code Only: _____
- ☐ Approved by UW
- ☐ Job Code Added

Exhibit A Generated: _____
Exhibit A Signed: _____
Rate: _____
Fund: _____ Location# _____