

# New Classification Code/Location Request

This form must be completed in its entirety.

## Human Capital Client:

Name:

New 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:

New State Add: (if other than current)

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 return to:**

Email: [wdept@human-capital.com](mailto:wdept@human-capital.com)

Fax: 248.204.0722

## For Internal Use Only

New Comp Code State:

Approved by UW

Location Added

WC MOD State Added

Job Code Added

Client Reporting SUTA:

Yes

No

EIN Added

Rate Added

New Comp Code Only:

Approved by UW

Job Code Added