



## NEW CLASS CODE/LOCATION REQUEST

### STAR HR Client:

*This form must be completed in its entirety.*

Name: \_\_\_\_\_

New Client Location Name: \_\_\_\_\_ FEIN: \_\_\_\_\_

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: \_\_\_\_\_

### Detailed description of employee work duties to be performed:

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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@starhro.com](mailto:risk@starhro.com).**

#### 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

Exhibit A Generated: \_\_\_\_\_

Exhibit A Signed: \_\_\_\_\_

Rate: \_\_\_\_\_

Fund: \_\_\_\_\_

Location# \_\_\_\_\_