

New Worksite Location Request Form

Please complete this form **prior to hiring or establishing business in a new state** and send to your HR Business Partner or YourSolutionCenter@TandemHR.com.

Company Name: _____ Date: _____
 Contact Name: _____ Phone: _____
 Email: _____ Fax: _____

New Office Information

Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Site Contact Name: _____ Phone: _____

Type of office:
 Industrial/Warehouse Commercial/Office Building Home Office Other: _____

Number of employees at this location:
 _____ Full-time _____ Part-time _____ Temp _____ Seasonal _____ Contractors (1099)

Yes, we need:
 Workers' Comp Coverage Regional Health Insurance State Tax Accounts

Employee Details (this location only)

Job Title*	Estimated Annual Wages	Quantity	Travel Frequency	WC Code <small>To be completed by Tandem HR</small>
Total Annual Wages:				

Signature: _____ Date: _____

**Must include job descriptions for each job title listed. If you do not have job descriptions for any given title, contact your HR Business Partner immediately as this information is required to secure workers' compensation coverage.*