

# 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](mailto:YourSolutionCenter@TandemHR.com).

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**New Office Information**

Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Site Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 GL Account: \_\_\_\_\_  
 Type of office: Industrial/Warehouse Commercial/Office 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 <i>To be completed by Tandem HR</i>
<b>Total Annual Wages:</b>				

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.*