



Client Information

Effective Date of Change: _____

Client ID: _____

Requestor's Name: _____

Client Name: _____

Client Phone: _____

Contact Change Request

Add New Contact

Remove Current Contact

Client Information

Name: _____

Job Title: _____

Email Address: _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

Best Form of Communication (other than Work Phone): Cell Phone Home Phone Email

Street Address: _____

City: _____ State: _____ Zip Code: _____

Permission Information

Access to HR Support Center, if applicable: **Choose Access Type.**

Select all that apply:

Billing Invoice Contact *(only check if the individual should receive a copy of the billing invoice)*

Access to Additional Services (if applicable):

Time & Attendance

Perform HR Benefits

ACA

Onboarding

E-Verify

Payroll Reportion Options

All Reports (or select specific reports below)

401(k) Reports

Employee Verification Report

Organizational Summary

Benefit Notifications

Employee Missing SSN

Outstanding Checks Report

Blended OT

General Ledger

Payables Journal

Cash Requirement

Input Worksheet

Payroll Journal

COBRA Credit

Labor Distribution Monthly

SOCER Exemption

Deductions Report

Labor Distribution

Tax Shortfall Report

Deductions Not Take

Missing Tax ID Nos.

Workers Comp Monthly

Direct Deposit Report

Net Pay Report

Workers Comp Semi Annual

401(k)

New Hire Filing Report

Year End Verification – 3PS

Electronic GL

Online Check Stubs & Advices

YTP List

Employee Profile Change Report

Online Employer W2s/1099

Employee Rate Change

Online Tax Reports

Delivery Method & Paper Reports *(Only required if the contact will be receiving paper report delivery.)*

Delivery to Contact: **Choose a Method.**

Receive Paper Reports

Signature Required

Receive Paper Advices

Tax Packet

W2s

Receive Paper Tax Reports