Ohio | Bureau of Workers' Compensation

Labor Lease Transaction Payroll

Prepared by		Phone number	
Professional employer organization (PEO) policy number		PEO name	
Client policy number		Client name	

Payroll for lease agreement effective date ______________________ Date

☐ Change in lease agreement
☐ Contract termination

Payroll reporting period	Manual classification	Total payroll reported by PEO	Payroll to be returned to client

PEO signature	**Title**	**Date**

(Signature is required to indicate the above information is true to the best of your knowledge.)