Ohio | Bureau of Workers' Compensation

Labor Lease Transaction Claims

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

Claims for lease agreement effective date _____ (Date)

☐ Change in lease agreement
☐ Termination of lease agreement

Claim number	Claimant name	Date of injury

PEO signature	Title	Date

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