Prepared by		**LABOR LEASE TRANSACTION CLAIMS**	
Phone Number			
PEO Pol. #		**PEO Name**	
Client Pol. #		**Client Name**	

Claims for lease agreement effective date: _____ ☐ CHANGE IN LEASE AGREEMENT
Date ☐ TERMINATION OF LEASE AGREEMENT

Claim Number	Claimant Name	Date of Injury

		Title	**Date**
Client Signature			
PEO Signature			

(Signatures are required by both parties indicating the above information is true to the best of their knowledge.)