

Proposed Client / Classification Form

(This form is required for all potential client companies – this applies although you may have several client companies that fall in the same class code – a new form is required for each client company.)

Date: _____

To: Temporary Employment Division
E-Mail: Russ.Rymer@miginsgroup.com
Fax: 866-369-4953

Temp Agency Name: _____
Name of Sender: _____
E-Mail: _____
Agency Phone Num: _____
Agency Fax Num: _____

Placement Client's Name: _____
Client's Physical Location: _____

Detailed Description of the Placement Client's Main Product or Service:

Detailed Description of Tasks Performed by Temp Employees and Average Wage:

Outline any unusual tasks, airborne exposures or other potential hazards to which temps might be exposed:

Proposed Classifications and Payroll:

Owner / Manager _____ Date _____