

Is client being billed for changes? Yes No If yes, amount per pay period \$_____ Flat amount \$_____

Setup New Earning/Deduction Code

Indicate Type of Change (New / Change):		
Code: _____	Code Type: _____	Description: _____
Special Taxation (Federal, State or Local): _____		
Override W2 Box: _____	Override Rate/Calculation: _____	Annual Limit: _____
Add to ED Group: _____		
General Ledger Number: _____	Add to Input Worksheet or E-Sheet: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Agency check: <input type="checkbox"/> Yes <input type="checkbox"/> No	Payable to: _____	
Add to Time clock and import function: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Add to Custom or Report Writer Report: <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify all custom reports to be reviewed. _____		

Indicate Type of Change (New / Change):		
Code: _____	Code Type: _____	Description: _____
Special Taxation (Federal, State or Local): _____		
Override W2 Box: _____	Override Rate/Calculation: _____	Annual Limit: _____
Add to ED Group: _____		
General Ledger Number: _____	Add to Input Worksheet or E-Sheet: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Agency check: <input type="checkbox"/> Yes <input type="checkbox"/> No	Payable to: _____	
Add to Time clock and import function: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Add to Custom or Report Writer Report: <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify all custom reports to be reviewed. _____		

For Asure use only:	Requestor: _____	CSR Rep: _____	Date Requested: _____
Route form to all Departments for Review		Priority: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	
1 -CUST SVC: _____	Date Completed: _____		
2 -CSR MGR: _____	Date Completed: _____		
3 -CONVERSION: _____	Date Completed: _____		
4 -FINANCE: _____	Date Completed: _____		

The individual signing this document on behalf of a corporate party warrants that he or she has full authority to sign this document. Company acknowledges that receipt by Asure of a copy of the Agreement, by facsimile, shall constitute the legal equivalent, for all purposes, of receipt of an original Agreement. Company also acknowledges that Asure may require the use of an electronic signature procedure as an alternative method to obtain the execution of the Agreement of Company. Company agrees that the Agreement shall not be denied legal effect, validity or enforceability solely because an electronic signature or electronic record was used in its formation. Company agrees that Asure shall be entitled to rely on said facsimile Agreement, or said electronic signature, and further agrees to hold Asure harmless and indemnify Asure from any and all claims, injuries and damages, of any nature incurred or suffered by Asure as a result of its reliance upon said facsimile transmission or said electronic signature. This Agreement shall be construed and governed under the laws of Vermont