



2010 Reactivation Form

FAX COMPLETED FORM TO 858-866-2601

Client to complete the information below:

***if additional documentation is needed to reactivate the employee, we will contact you immediately

Employee Name: _____

Social Security Number: _____

Client Company: _____

Job Title: _____

Job Description: _____

Date of Reactivation: _____ Pay Rate: _____

Work Location Address: _____

PO Number* _____ PO Amount: _____

* (if new PO, please have approved PO forwarded to PO@payrolling.com as an attachment as well)

Primary Approver Name: _____

Primary Approver Email: _____ Phone: _____

Secondary Approver Name: _____

Secondary Approver Email: _____ Phone: _____

Signature of Client Representative: _____ Phone: _____

Print Name: _____ Email: _____

* Employees will need to contact Payrolling.com with any changes to their personal information including withholding information and to re-initiate direct deposit at 800-691-3075 or via email at payroll@payrolling.com