



2011 Reactivation Form

FAX COMPLETED FORM TO 858-866-2657

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@payrollingcorp.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 858-866-2600 or via email at payroll@payrollingcorp.com*

UPDATED I-9 MAY BE REQUESTED