Ohio | Bureau of Workers' Compensation

Labor Lease Transaction Claims

Prepared by:		Phone number:	
Professional employer organization (PEO) policy number:		PEO name:	
Client policy number:		Client name:	

Claims for lease agreement effective date: _____ (Date)

☐ Change in lease agreement
☐ Termination of lease agreement

Claim number	Manual number	Claimant name (please print)	Date of injury