

REQUEST FOR CORRECTION OF PREPAID LEGAL SERVICES

College _____

1. Name _____

2. Employee ID # _____

3. Home Address _____
(street) (city) (state) (zip)

4. Payroll Title _____

5. Employed entire 2018 calendar year ____ Yes ____ No

if no, indicate start date and/or end date _____

Explanation for Request _____

Employee Signature date

Employee may attach documents to verify claim

This section to be filled out by College Payroll Office

Reviewed and verified data items Nos. 1 through 5

Signature of College Payroll Officer date

This section to be filled out by Human Resources Office

____ Approved -- employee not eligible for Prepaid Legal Service benefit for 2018

____ Not approved -- employee eligible for Prepaid Legal Service benefit for 2018

Approved by: College Director of Human Resources date