



Add or Delete Employee/Driver

Add Delete

Company Name: _____

Requested by: _____ Title: _____

Tel: _____ Fax: _____

Cell: _____ Email: _____

PLEASE DELETE THE FOLLOWING EMPLOYEE

First: _____ Middle: _____ Last: _____

Termination Date: ____ / ____ / ____

PLEASE ADD THE FOLLOWING EMPLOYEE

First: _____ Middle: _____ Last: _____

Date of Birth: ____ / ____ / ____

Driver's License State: _____ License #: _____

Years Towing Experience: _____

CDL Class: _____ Years with CDL: _____

Hire Date: _____

Is this driver replacing a current driver? If not, please enter the amount of payroll to be added to your workers compensation policy (if applicable) and class code: _____

SIGNATURE: _____ PRINTED NAME: _____

Returned to IBM via: _____

FOR OFFICE USE ONLY

- ID Card sent
- COI sent
- Form sent to client confirming change
- Signed form received from client confirming change
- Endo Req entered correctly and sent to carrier
- Endo received and checked for accuracy
- Endo billed—Finance agreement ordered