



WORKERS' COMPENSATION INSURANCE
EMPLOYEES PAYROLL REPORT

STANDARD EXCEPTION FORM

Please read the following excerpt taken from the Workers' Compensation Insurance Rating Bureau regarding standard exceptions. Once you have read and determined that you have employees that meet the criteria stated below, complete the schedule below for each employee and sign the document.

Clerical Office Employees are defined as those individuals whose duties are confined to keeping the books, records, or cash of the employer; conducting correspondence; or who are engaged wholly in general office work or office drafting, having no regular duty of any other nature in the service of the employer.

Managers, supervisors, and clerks, such as time, stock clerks, whose work is necessary, incidental, or appurtenant to any operations of the business other than clerical office, shall not be considered clerical office employees.

Salespersons Outside Employees are defined as those individuals who are engaged exclusively in sales, collection or public relations work away from the premises of the employer or who are engaged in such work for any portion of their time and devote the balance of their time to clerical office duties.

Please make a copy of this form for each employee that meets the criteria above and submit with the enclosed Voluntary payroll Report or to your auditor indicating the employees who were paid during your policy term that you believe should be included in classification 8810 or 8742 as defined above.

Employee's Name: Payroll: \$ Classification: 8810 or 8742

- 1. Please summarize job duties, including any supervisory or management responsibilities as well as any customer service functions whether by phone and/or face to face customer interaction.
2. Are there any job duties that take the employee outside of the company requiring them to travel on:
a. Regular Basis? Yes No
i. If yes, How many Hours? Frequency (day, week, month)?
3. Do they have duties that require them to leave your office or office environment and enter into Non-Office environments of the company (i.e. warehouse, plant, shop, store floor, service area, shipping/receiving, storage, construction site, equipment repair yard, etc)?

Yes No
If Yes, how many Hours? Frequency (day, week, month)?
If Yes, please complete the following:

LOCATION HOURS PER WEEK DUTIES PERFORMED

- 4. Is lodging provided?
Yes No
If Yes, what is the monthly full market value?

Signature: Title: Date: