

Customer Change Request

Business Name:	<input type="text"/>	Date:	<input type="text"/>
Name:	<input type="text"/>	Ticket #:	<input type="text"/>

Please check the service required:

- | | |
|--|---|
| <input type="checkbox"/> Payroll Correction Needed | <input type="checkbox"/> Employee Self-Service Enabled |
| <input type="checkbox"/> Custom Report Needed | <input type="checkbox"/> Additional Payroll Module Needed |
| <input type="checkbox"/> Additional Payroll Setup Needed | <input type="checkbox"/> Additional HRIS Module Needed |
| <input type="checkbox"/> Benefit Changes Needed | <input type="checkbox"/> Training Requested |
| <input type="checkbox"/> PTO Setup or Adjustment Needed | <input type="checkbox"/> Other Request (Explain Below) |

**Quote for service or adjustment payroll fee may be required in accordance with your payroll service agreement.*

Check Date:	<input type="text"/>	Payroll Calendar:	<input type="text"/>	Employee:	<input type="text"/>
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Please explain correction or service needed in detail:

Client Authorization:

Name:	<input type="text"/>	Job Title:	<input type="text"/>
Signature:	<input type="text"/>	Signature Date:	<input type="text"/>

BBP Authorization:

Name:	<input type="text"/>	Job Title:	<input type="text"/>
Signature:	<input type="text"/>	Signature Date:	<input type="text"/>

For BBP Office Use:

- Quote Required for Service
- Quote Attached for Client Review
- Quote Signed/Returned

Estimated Time:	<input type="text"/>
Rate:	<input type="text"/>
Total:	<input type="text"/>