



Mark Gordon
Governor

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 DIVISION OF WORKERS' COMPENSATION
 EMPLOYER SERVICES
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WYOMING DIVISION OF WORKERS' COMPENSATION

EMPLOYER: Employer Name
Address
City, State, Zip

EMPLOYER #: Number

**AFFIDAVIT FOR APPLICATION OF COVERAGE
 CLERICAL OFFICE OCCUPATION CLASSIFICATION**

Chapter 1, **Section 3 (j)** of the Wyoming Workers' Compensation Rules & regulations defines "Clerical Office Occupations" as follows:

Employees whose duties are confined to keeping the books and records of the business or who are engaged wholly in office work where such books and records are kept. Employees shall have a physical separation from exposure to the hazards associated with the business' normal activities. Employees shall not have direct contact with, supervision of, or be involved in physical labor of, the employer's operation, except, if incidental. Employees who qualify may include employees who work with financial or employee records, correspondence, or telephone duties. Employees qualifying for the clerical office occupation classification who perform any duties outside of the clerical office area or who perform duties which are not directly related to the performance duties inside the clerical office, become disqualified for the clerical office occupation classification for the reporting period when the non-clerical work is performed. The limited exceptions allowed are solely for the direct travel to and from a local post office, bank, or office supply store.

Please note that the Clerical Office Occupation Classification cannot be used in a home office unless business is primarily based from the home residence.

HOW TO OBTAIN A CLERICAL OFFICE OCCUPATION CLASSIFICATION

Provide the information requested on the following pages, read the following statements and sign the space below.

WYOMING DIVISION OF WORKERS' COMPENSATION

EMPLOYER:
Employer Name
Address
City, State, Zip

EMPLOYER #: Number

The firm may need to attach additional sheets to completely describe all job titles subject to the application for Clerical Office Occupations. Submit the signed copy to any of the Division's field offices or send to:

**WYOMING DIVISION OF WORKERS' COMPENSATION
EMPLOYER SERVICES
5221 YELLOWSTONE ROAD
CHEYENNE WY 82009**

IT IS UNDERSTOOD:

THAT the firm may only report employees who have been **APPROVED** by the Division for the Clerical Office occupation classification under this designated class on the payroll report forms;

THAT any employee who is otherwise qualified to be reported as a clerical employee and who travels locally to any location other than the post office or bank, or who travels to a non-local place is thereby disqualified to be reported in the Clerical Office Occupation classification for the reporting period when this travel occurs;

THAT any over reporting of payroll in the Clerical Office occupation classification discovered by the Division will be reassigned to the correct classification. Additional premiums may be charged if applicable.

THAT if approved by the Division the initial classification code will become effective the beginning of the calendar quarter following the post mark date of the clerical affidavit.

Signature

Title

Date

Please attach additional sheets as necessary.

AFFIDAVIT FOR APPLICATION OF COVERAGE CLERICAL OFFICE OCCUPATION CLASSIFICATION

Please provide a list of **JOB TITLES** for each employee who the firm is applying to obtain a Clerical Office Occupations classification code & answer all questions below. For each **JOB TITLE**, include a brief description of the job duties, or, if available, attach a job description used by the firm.

1. **JOB TITLE:** _____

DESCRIPTION OF JOB DUTIES:

YES / NO Is this employee duties confined to keeping the books and records of the business? If **NO**, describe the duties that are other than keeping the books and records of the business:

YES / NO Is this employee engaged wholly in office work where such books and records are kept? If **NO**, describe the duties that remove the employee away from the office where such books and records are kept, and indicate how often the employee is removed from the office environment:

2. **JOB TITLE:** _____

DESCRIPTION OF JOB DUTIES:

YES / NO Is this employee duties confined to keeping the books and records of the business? If **NO**, describe the duties that are other than keeping the books and records of the business:

YES / NO Is this employee engaged wholly in office work where such books and records are kept? If **NO**, describe the duties that remove this employee away from the office where such books and records are kept, and indicate how often the employee is removed from the office environment:
