



## Eversource Employee Action Form

Requested Date:

Requested By:

Phone:

Email:

Supervisor:

Supervisor Email:

### Please Check One

Establish Clothing Account

Update to an Existing Employee Account\*

One-Time Allowance Increase

Permanently Close Employee Account

Other \_\_\_\_\_

Employee Name:

Eversource ID Number:

Employee Phone:

Employee Email Address:

Initial Allowance Amount: \$

Annual Allowance Amount: \$

\*Work Location (City and State):

\*Cost Center Number:

\*Service Center:

\*Job Classification:

LOCAL:

\*If Requesting a One-Time Allowance Increase

Amount to add to current available allowance balance - \$