

Company Name: _____

Client # _____ **Contact:** _____

Type of Plan: Please choose only one type of plan. Each additional type needs a separate form.

Vacation: **Sick:** **Holiday:** **Personal:** **Other:** _____

Plan #: _____ Note: A company may have several different plans based on years of employment. A separate set up form must be completed for each numbered plan.

Accrual Method: Defines when and how the Paid Time Off-hours accrue.
(Choose one of the Following methods below.)

Method 1: Each pay period add this amount _____ to the employee's accrued year to date. Is there a minimum number of hours that must be worked in the pay period before this accrual becomes effective?

Yes If so, how many? _____ **No**

Method 2: Last pay period of the month add this amount _____ to the employee's accrued year to date.

Method 3: First pay period of calendar year add this amount _____ to the employee's accrued year to date.

Method 5: For each hour worked by the employee add this amount _____ to the employee's accrued year to date. (Note: Specific earnings types can be excluded from this hourly accrual). Is there a minimum number of hours that must be worked in the pay period before this accrual becomes effective? **Yes** **No**

Method 8: First pay period of the month add this amount _____ to the employee's accrued year to date.

Method 10: At employee's anniversary add this amount _____ to the employee's accrued year to date.

(Note: If none of the above accrual methods fit your plan description, please let your payroll specialist know. There are other accrual methods available – the above represent the most commonly used.)

Is there a Per Pay Maximum? **Yes** **No**

(Maximum number of hours an employee can accrue in a single pay period.)

Is there an Accrual Maximum? **Yes** **No**

(Maximum number of hours an employee can accrue in a benefit year.)

Note: If your plan requires specifics not covered by this form, please contact your Payroll Specialist. This form involves only the most commonly used criteria, but our software is more flexible to meet your needs.

Is there a Balance Maximum? Yes No
(Maximum number of hours an employee can carry forward in their balance from the previous benefit year.)

Carry Forward? Yes No
(Can the employee's balances be carried forward from one benefit year to the next?)

Allow Negative Balance? Yes No
(Are employee's allowed to go into a negative balance situation?)

Carry Over Maximum? Yes If yes how many? _____ No
(Maximum number of hours an employee can carry forward when moving from one plan to another.)

When can the employee move to the next plan? Move employee to the next plan after _____ *months.*

When the employee moves to the next plan, do they get any additional hours? Yes No
If so, how many additional hours? _____

Should the employee's balance print on the check stub? Yes No

If yes, Is there a certain time frame before the balance should print? Yes No

If so, how many months before the balance should show on the check stub? _____ *Months.*

When are the employee's year to date accrued and year to date used amounts to be cleared?

Method 3: (Calendar year basis.)

Method 4: (Fiscal year basis.)

Method 7: (Hire date basis.)

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