



TIME OFF ACCRUAL PLAN SET-UP FORM

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If you have a written accrual policy, please attach a copy to this form.

Today's Date: _____ Effective Date: _____

Client Name: _____ Client Number: _____

Type of Plan: Vacation PTO Sick Other _____

Accrual Method: Per Hour Monthly Quarterly Balances Only Per pay period Other

Hourly Accrual: What earnings types are included in the accrual? (Example: regular, overtime, etc.)

Does an employee need to work a minimum number of hours per pay period before accruing?

Yes No If yes, how many hours? _____

Are there a maximum number of hours an employee can accrue per pay period?

Yes No If yes, how many hours? _____

Monthly, Quarterly or Annual Accruals:

When is the accrual done? first of the month last of the month nearest the 15th

Accrual Effective Date: Calendar Date Hire Date Effective Date

Are employees allowed to carry over unused time-off hours every year?

Yes No If yes, how many hours? _____

Is there a maximum number of hours an employee can accrue? Yes No If yes, how many hours? _____

Do you want accrual balances to show on employee check stubs?

Yes No If yes, show as: Hours Days

Indicate length of service accrual steps and rates, if applicable				
From Months	To Months	Accrual Rate	Maximum Balance	Annual Carry Over Limit

I authorize Payroll Data Services to make the above changes to our Company setup.

Signature: _____ Date: _____