



TIME OFF ACCRUAL PLAN SET-UP FORM

Client Number: _____ Client Name: _____ Effective Date: _____

Type of Plan: Vacation PTO Sick Other _____

Accrual Method: Per Hour Monthly Quarterly Balances Only Per PayPeriod Other:

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

Minimum number of hours per pay period required before accruing? _____

Maximum number of hours an employee can accrue per pay _____

period? Monthly, Quarterly or Annual Accruals:

When is Accrual Done? First of the Month Last of the Month Nearest the 15th

Accrual Effective Date? Calendar Date Hire Date Effective Date

Annual amount of hours allowed to carry over into new year: _____

Maximum number of hours employee can accrue: _____

Show accrual balances on employee check stubs?

No Yes - 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 B2E Solutions, Inc. to make the above changes to our Company setup.

Signature: _____ Date: _____

Please Return the Completed Form along with a Copy of your Accrual Policy to your client Service Representative