

## Company Change Form – Time Off Accrual – Per Frequency

Date	pany Number: Requested: e of Accrual:	Company N Change Effe	ame: ective Date:		Example: PTO,	CTO. Vaca	 ntion. Sick
		sign and date at the bottom a	nd roturn. Than		. ,	· ,	,,,,,,,
rieas	e circle all that apply,	sign and date at the bottom a	nu return. man	k you.			
1.	When does the time of Per Pay Period		Annual – Hire	Date Month	ıly Quarter	lv Sem	i-Annual
2.	•	s time off accrue even if the er			,	, Yes	No
	•	work a minimum number of I	•		<u>=</u> ?	Yes	No
٠.		any hours: Accrue on v			ccrue on earn		
4.	If Monthly, when doe		Torried Hours of	,	Beginn		End
	If Quarterly, which mo		2 <sup>nd</sup> 3 <sup>rd</sup>	and wher		-	End
	If Annual by Calendar	_	2 3	and wher	· ·		End
	·	ecks? (If yes, show in hours? Ye	es No)	una when	i begiiii	Yes	No
	Show on Check (choose		•	ccrued-Unused	l Accrued-l		sed
	Show balances in Emp	,	eu-Olluseu A	cci deu-onasec	Accided-C		No
	•	•				Yes	
	Show balances in Tim		alta a como de alta d	9.1 1		Yes	No
		e set up for this accrual (if no,	_	ible employee)		Yes	No
12.	Please complete the f	ollowing chart showing your a	ccrual levels:				
				Annual	Carryover	Maxim	um
	Type of Accrual	Time Period	Rate	Accrual	Maximum	Accru	
	Ex. Per Pay Period	Weekly	0.77	40 hours	40 hours	80 hou	
	Ex. Annual	0-1 year (0-12 months)	40 hours	40 hours	0 hours	40 hou	
	Ex. Annual	2-5 year (13-60 months)	80 hours	80 hours	40 hours	120 ho	urs
Ann Plea	ual By–Hire Date or e se attach a list of emp	al By–Calendar Date accruals amployee Effective Override accoloyees who are currently eligit apany policy for verification of	cruals and reset ble for applicab	s are based on	PAYROLL PER		
_		AYDATA to make the above c	hanges to our c				
Auth	horized client represen	tative:		Title:			

Date:

Signature:\_

PayData use Only: TOA I	Flag Flipped – Yes /	No.	Report(s) Set-up: Yes / No							
Is client being billed for changes? Y	es No If yes, amo	ount per pay period	\$ Flat amount \$							
Setup New Earning/Deduction Code										
Indicate Type of Change (New / Change):										
Code: Co	ode Type:	Description:_								
Special Taxation (Federal, State or Local):										
Override W2 Box: Override	Rate/Calculation:	Annual Lim	it:							
Add to ED Group:										
General Ledger Number: Add to Input Worksheet or E-Sheet:  \[ \subseteq \text{No} \]										
Agency check: ☐ Yes ☐ No Payable to:										
Add to Time clock and import function: ☐Yes ☐ No										
Add to Custom or Report Writer Report: Yes No Please specify all custom reports to be reviewed.										
Indicate Type of Change (New / Change	<del>)</del> ):									
Code: Co	ode Type:	Description:_								
Special Taxation (Federal, State or Loca	al):									
Override W2 Box: Override	Rate/Calculation:	Annual Lim	it:							
Add to ED Group:										
General Ledger Number:	Add to Input Workshee	et or E-Sheet: □Yes	s □No							
Agency check⊡ Yes □ No Payabl	e to:									
Add to Time clock and import functio ☐ Yes ☐ No										
Add to Custom or Report Writer Rep	Yes □ No Please	specify all custom re	eports to be reviewed							
For PayData use only: Requestor:	CSR Rep:	Date Requested:	:							
Route form to all Departments for Review	Priority:	High M	edium Low							
1 -CUST SVC:	Date Completed: _ Date Completed: _		<u> </u>							
3 -CONVERSION:	Date Completed: Date Completed:		<del></del>							

The individual signing this document on behalf of a corporate party warrants that he or she has full authority to sign this document. Company acknowledges that receipt by PayData of a copy of the Agreement, by facsimile, shall constitute the legal equivalent, for all purposes, of receipt of an original Agreement. Company also acknowledges that PayData may require the use of an electronic signature procedure as an alternative method to obtain the execution of the Agreement of Company. Company agrees that the Agreement shall not be denied legal effect, validity or enforceability solely because an electronic signature or electronic record was used in its formation. Company agrees that PayData shall be entitled to rely on said facsimile Agreement, or said electronic signature, and further agrees to hold PayData harmless and indemnify PayData from any and all claims, injuries and damages, of any nature incurred or suffered by PayData as a result of its reliance upon said facsimile transmission or said electronic signature. This Agreement shall be construed and governed under the laws of Vermont Revision 10.06.2020