
***COMPANY CHANGE FORM – VT Sick Time Accrual Form***

Client Number: Client Name:

Company Number:  Company Name:

Date Requested:  **Change Effective Date**:

***(Please note: For Proper audit PayData requires advance notice of 5 business days for company changes)***

**ACT 69 requires that employers with more than 5 employees that work an average of no less than 30 hours per week are required to offer paid sick leave to full time and certain part time employees.**

A. Does your company currently offer paid time off to employees? Yes No

B. Is this available to full time employees and part time employees who work on average 18 hours or more per week? Yes No

**If you answered yes to A&B, you may not need to make changes. Please review the link below to ensure compliance.**

**ACT 69 – VT Mandatory Paid Sick Policy - Effective January 1, 2017:** <http://legislature.vermont.gov/assets/Documents/2016/Docs/ACTS/ACT069/ACT069%20As%20Enacted.pdf>

In 2019, the maximum sick time will increase to 40 hours. Do you want PayData to automatically update your PTO? Yes No

Notes or Special Instructions:

New ED Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Accrual: VT Earned Sick Time

**(Please note: It is the employers’ responsibility to tell PayData which employees should receive this bank.)**

 **For Hourly Employees:**

1. Should the accrual be on worked hours only (ex.: exclude holiday, jury duty, etc.)

 Yes – exclude hours worked in #2 No – include all hours

1. If Yes, which Earn Code(s) to exclude? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. When should the accrual be available for usage? At date of hire? After \_\_\_ number of days After one year of employment

|  |  |  |  |
| --- | --- | --- | --- |
| **Month – Month** | **Rate** | **Carryover Max** | **Maximum Accrual** |
| If per hour worked |  |  |  |
| 0-999 | .0193 | 24 Hours |  |

**For Salary Employees:**

1. How does this accrue per pay period?

 Flat per pay period accrual Accrue on standard hours

1. Which Earn Code(s) reduce bank balance? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. When should the accrual be available for usage? At date of hire? After \_\_\_ number of days After one year of employment

|  |  |  |  |
| --- | --- | --- | --- |
| **Month – Month** | **Rate** | **Carryover Max** | **Maximum Accrual** |
| If per pay period |  |  |  |
| 0-999 | .76 (Weekly) 1.52(Bi-Weekly)1.65 (Semi-Monthly) 3.30 (Monthly) | 24 Hours | 24 Hours |
| If standard hours worked |  |  |  |
| 0-999 | .0193 | 24 Hours | 24 Hours |

Please attach a list of employees who are currently eligible for this accrual and their beginning balances. Please attach a copy of your accrual documentation as it appears in your employee handbook (if applicable).

*I agree to and authorize PAYDATA to make the above changes to our company set up.*

*Authorized client representative:* *Title:*

***Signature:***  ***Date:***

*For PayData use only: Requestor: CSR Rep: Date Requested:*

*Route form to all Departments for Review Priority: High*  *Medium*  *Low*

1 -CUST SVC: Date Completed:

2 -CSR MGR: Date Completed:

3 -CONVERSION: Date Completed:

4 -FINANCE: Date Completed: