



**COMPANY CHANGE FORM – Time Off Accrual**

Client Number: \_\_\_\_\_ Client Name: \_\_\_\_\_  
 Company Number: \_\_\_\_\_ Company Name: \_\_\_\_\_  
 Date Requested: \_\_\_\_\_ **Change Effective Date:** \_\_\_\_\_

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

Notes or Special Instructions: \_\_\_\_\_

Name of Accrual: \_\_\_\_\_

1. How often does this accrue:     Per Hour Worked     Per Pay Period     Monthly     Quarterly  
 Semi-Annual     Annual- Calendar Date     Annual- Hire Date     No Accrual – Balances Only  
 If we are tracking Balances Only, do you need a memo code set up to record hours in payroll?     Yes     No
2. If "Per Hour Worked", which earn codes are included in calculation for the earned time? \_\_\_\_\_ N/A  
 (If nothing is noted we will assume all earnings)
3. Do Employees have to work a minimum number of hours per pay period in order to accrue?  Yes \_\_\_\_\_ HRS  No
4. If Per Pay Period, accrue even if the employees do not get paid?     Yes     No     N/A
5. If Monthly, when does it accrue:     Beginning     End     N/A
6. If Quarterly which month of the quarter does it accrue:  1<sup>st</sup>     2<sup>nd</sup>     3<sup>rd</sup> and when:  Beginning     End     N/A
7. If Annual-Calendar Date, which month of the year does it accrue: \_\_\_\_\_ and when:     Beginning     End     N/A
8. If Annual-Hire Date, do they have override Employee Effective Dates? If so, please attach list.     Yes     No     N/A
9. Which Earn Code(s) reduce bank balance? \_\_\_\_\_
10. Do balances return to zero at the end of an accrual period?  
 No, Balances never zero    **or**     Yes, at Calendar year end    **or**     Yes, at Anniversary Date    **or**     Yes, at Date: \_\_\_\_\_
11. Is there a carryover?     Yes     No    If yes, maximum carryover:  Hours \_\_\_\_\_     Days \_\_\_\_\_
12. Show balances on checks?     Yes     No    Show in:  Hours    **or**     Days, How many hours in a day? \_\_\_\_\_  
 Show: (select only one option)  Accrued-Used-Unused     Accrued-Unused     Accrued-Used     Used     Unused
13. Show balances in evoPay?     Yes     No    Show balances in Time Clock     Yes     No
14. Should all new hires be set up for this accrual?     Yes     No    Client to ID eligible EE.
15. Please complete the chart showing your accrual levels & attach a copy of your company policy for verification of our setup.

Month - Month	Rate	Carryover Max	Maximum Accrual
Ex: 0 - 1 yr = 0 - 12 months	40 hrs	20 hrs	40 hrs
EX: 2 - 5 yr = 13 - 60 months	80 hrs	40 hrs	80 hrs

Note: Monthly, Quarterly, Annual-Calendar Date: accruals and resets are based on CHECK DATES.  
 Annual – Hire Date or override Employee Effective: accruals and resets are based on PAYROLL PERIOD DATES.

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).

**PayData use Only:**

**TOA Flag Flipped – Yes / No.**

**Report(s) Set-up: Yes / No**

***Setup New Earning/Deduction Code***

Indicate Type of Change (New / Change):

Code: \_\_\_\_\_ Code Type: \_\_\_\_\_ Description: \_\_\_\_\_

Special Taxation (Federal, State or Local): \_\_\_\_\_

Override W2 Box: \_\_\_\_\_ Override Rate/Calculation: \_\_\_\_\_ Annual Limit: \_\_\_\_\_

Add to ED Group: \_\_\_\_\_

General Ledger Number: \_\_\_\_\_ Add to Input Worksheet or E-Sheet:  Yes  No

Agency check:  Yes  No Payable to: \_\_\_\_\_

Add to Time clock and import function:  Yes  No (need EvoClock Change Form)

Add to Custom or Report Writer Report:  Yes  No Please specify all custom reports to be reviewed. \_\_\_\_\_

Indicate Type of Change (New / Change):

Code: \_\_\_\_\_ Code Type: \_\_\_\_\_ Description: \_\_\_\_\_

Special Taxation (Federal, State or Local): \_\_\_\_\_

Override W2 Box: \_\_\_\_\_ Override Rate/Calculation: \_\_\_\_\_ Annual Limit: \_\_\_\_\_

Add to ED Group: \_\_\_\_\_

General Ledger Number: \_\_\_\_\_ Add to Input Worksheet or E-Sheet:  Yes  No

Agency check:  Yes  No Payable to: \_\_\_\_\_

Add to Time clock and import function:  Yes  No (need EvoClock Change Form)

Add to Custom or Report Writer Report:  Yes  No Please specify all custom reports to be reviewed. \_\_\_\_\_

Is client being billed for changes?  Yes  No If yes, amount per pay period \$ \_\_\_\_\_ Flat amount \$ \_\_\_\_\_

*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: \_\_\_\_\_

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