

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

Company Number:	 Company Name:	
Date Requested:	 Change Effective Date:	
Name of Accrual:	 	(Example: PTO, CTO, Vacation, Sick)

Please circle all that apply, sign and date at the bottom and return. Thank you.

1. When does the time off accrue?

	Per Pay Period Annual – Cale	endar Date	Annual –	Hire Date	Monthly	Quarterly	Semi-Annual
2.	If Per Pay Period, does time off accrue e	even if the en	nployees d	on't get pa	aid?	Ye	s No
3.	Do employees have to work a minimum	number of h	nours <b>per p</b>	ay period	to accrue?	Yes	s No
	If yes, how many hours:	Accrue on w	vorked hou	rs only	OR Accr	ue on earned h	ours only
4.	If Monthly, when does it accrue?					Beginning	End
5.	If Quarterly, which month does it accrue	e: 1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	and when	Beginning	End
6.	If Annual by Calendar Date, which mont	th?			and when	Beginning	End
7.	Show balances on checks? (If yes, show	in hours? Ye	es No)			Yes	s No
8.	Show on Check (choose one)	Accrued-Us	ed-Unused	Accrue	d-Unused	Accrued-Used	Used
9.	Show balances in Employee Self-Service	2				Yes	s No
10.	Show balances in Timeclock?					Yes	s No
11.	Should all new hires be set up for this a	ccrual (if no,	client to ID	eligible e	mployee)	Yes	s No

12. Please complete the following chart showing your accrual levels:

Type of Accrual	Time Period	Rate	Annual Accrual	Carryover Maximum	Maximum Accrual
Ex. Per Pay Period	Weekly	0.77	40 hours	40 hours	80 hours
Ex. Annual	0-1 year (0-12 months)	40 hours	40 hours	0 hours	40 hours
Ex. Annual	2-5 year (13-60 months)	80 hours	80 hours	40 hours	120 hours

Monthly, Quarterly, Annual By–Calendar Date accruals and resets are based on CHECK DATES. Annual By–Hire Date or employee Effective Override accruals and resets are based on PAYROLL PERIOD DATES. Please attach a list of employees who are currently eligible for applicable accrual and current beginning balances. Attach a copy of your company policy for verification of our setup.

I agree to and authorize PAYDATA to make the above changes to our company set up.				
Authorized client representative:	<i>Title:</i>			
Signature:	Date:			

PayData use Only: TOA Fl	ag Flipped – Yes / No	o. Repo	rt(s) Set-up: Yes / No			
Is client being billed for changes? Yes	No If yes, amount	t per pay period \$	_ Flat amount \$			
	Setup New Earning/Dec	luction Code				
Indicate Type of Change (New / Change):						
Code: Cod	е Туре:	Description:				
Special Taxation (Federal, State or Local)	:					
Override W2 Box: Override R	ate/Calculation:	Annual Limit:				
Add to ED Group:						
General Ledger Number: A	dd to Input Worksheet or	E-Sheet: 🗆 Yes 🗆 No	C			
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 spe	cify all custom reports t	o be reviewed			
Indicate Type of Change (New / Change)						
Code: Cod	е Туре:	Description:				
Special Taxation (Federal, State or Local)	c					
Override W2 Box: Override R	ate/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 functio	Yes 🗆 No					
Add to Custom or Report Writer Rep	Yes 🗌 No 🛛 Please spe	cify all custom reports t	to be reviewed			
For PayData use only: Requestor:	CSR Rep:	Date Requested:				
Route form to all Departments for Review		High Medium	Low			
1 -CUST SVC: 2 -CSR MGR:	Date Completed: 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 Revision 10.06.2020

Date Completed:

Date Completed:

3 -CONVERSION:

4 -FINANCE: