

Company Change Form – Time Off Accrual – Per Frequency

	mpany Number: _ te Requested:			any Nan e Effect	ne: ive Date:				
	me of Accrual:						(Exa	ample: PTO, CTO	, Vacation, Sick)
Ple	ase circle all that a	ply, sign and d	ate at the bott	om and	return.	Thank you	•	1 /	
	When does the ti					,			
	Per Pay F	eriod Annua	al – Calendar D	ate /	Annual –	Hire Date	Monthly	Quarterly	Semi-Annual
2.	If Per Pay Period,	does time off a	accrue even if t	the emp	oloyees d	on't get p	aid?	Ye	es No
3.	Do employees ha	ve to work a m	inimum numbe	er of ho	urs per p	bay period	to accrue?	Ye	s No
	If yes, ho	w many hours:	Accrue	e on wo	rked hou	irs only	OR Accr	ue on earned h	ours only
4.	If Monthly, when	does it accrue	?					Beginning	End
5.	If Quarterly, whic	h month does i	it accrue:	1 st	2 nd	3 rd	and when	Beginning	End
6.	If Annual by Cale	ndar Date, whic	ch month?				and when	Beginning	End
7.	Show balances or	n checks? (If ye	s, show in hou	rs? Yes	No)			Ye	s No
8.	Show on Check (d	hoose one)	Accrue	ed-Used	l-Unused	Accrue	d-Unused	Accrued-Used	d Used
9.	Show balances in	Employee Self	-Service					Ye	s No
10). Show balances in	Timeclock?						Ye	s No
11	L. Should all new hi	res be set up fo	or this accrual (if no, cli	ient to ID) eligible e	mployee)	Ye	s No
12	2. Does your accrua	l reset to wher	e the reported	time us	sed shou	ld return t	o zero?		
□ N	0,	<u>or</u>	Yes, at		<u>or</u>	□ Yes,	at	or Yes, at	•
В	alances never zero		Calendar ye	ear end		Ann	iversary Dat	e Date	e:

13. 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 ASURE to make the above changes to our company set up.					
Authorized client representative:	Title:				
Signature:	Date:				

Asure use Only:	TOA Flag Flipped – Yes / No.	Report(s) Set-up: Yes / No				
Is client being billed for changes? Yes No If yes, amount per pay period \$ Flat amount \$						
	Setup New Earning/Deduction	on Code				
Indicate Type of Change (N	New / Change):					
Code:	Code Type: D	escription:				
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-Sh	neet: □Yes □No				
Agency check: Yes No Payable to:						
Add to Time clock and imp	ort function: 🗌 Yes 🔲 No					
Add to Custom or Report Writer Report: Yes No Please specify all custom reports to be reviewed.						
Indicate Type of Change (N	New / Change):					
Code:	Code Type: D	escription:				
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:						
Agency check Yes No Payable to:						
Add to Time clock and imp	ort functio					
Add to Custom or Report V	Vriter Rep 💭 Yes 🗆 No Please specify a	all custom reports to be reviewed				

For Asure use only: Reques	stor: C	CSR Rep:	Date R	equested:	
Route form to all Departments for 1 -CUST SVC: 2 -CSR MGR: 3 -CONVERSION: 4 -FINANCE:	C	Priority: 	High	Medium	Low

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 Asure 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 Asure 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 Asure shall be entitled to rely on said facsimile Agreement, or said electronic signature, and further agrees to hold Asure harmless and indemnify Asure from any and all claims, injuries and damages, of any nature incurred or suffered by Asure 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