



COMPANY CHANGE FORM – Time Off Accrual – Per Hours Worked

Client Number: _____ Client Name: _____
Company Number: _____ Company Name: _____
Date Requested: _____ **Change Effective Date:** _____

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

Notes or Special Instructions: _____

Name of Accrual: _____

- How often is this accrual made available to the employee:
 Per pay cycle Monthly Annually
 a. If Monthly: first payroll of the month or last payroll of the month
 b. If Annual : by calendar date (please specify date): _____ or by hire date
- Which earn codes should the accrued time off calculate from? _____
 (If nothing is noted we will assume all earnings)
 Common Earn codes in this group include: regular, sick, vacation, holiday, personal, bereavement, PTO/CTO, jury duty. You may want to build a custom group to ensure time is only accruing on the hours you expect it to. If you need a copy of your current earning codes please contact your CSR.
- Do Employees have to work a minimum number of hours **per pay period** in order to accrue? Yes _____HRS No
- Which Earn Code(s) reduce bank balance? _____
 Common Codes that would reduce the bank balance include: PTO/CTO, sick, personal. You may want to use only one code to reduce the bank or a group of multiple codes depending on how you track used hours and your policy. Please contact your CSR if you would like a full list of your current codes.
- When does the accrual reset?
 Annually **or** at
 Month _____ First Check Date Closest to the 15th Last Check Date Anniversary Date
- Does your accrual maximum reflect the maximum balance an employee can have or is that truly the most an employee can earn in an accrual period? Balance Max Maximum Accrual
- Show balances on checks? Yes No Show in: Hours **or** Days, How many hours in a day? _____
 Show: Unused Accrued-Unused Accrued-Used Accrued-Used-Unused
 Is there a probationary period where time is accruing but not printing on checks? Yes: number of months _____ No
 ***Asure recommends that you not show balances on checks until you are able to run the accrual through a couple payrolls to verify that the accrual plan is working as expected. Please be sure to review your TOA register regularly when a new accrual is set up. Please notify your CSR if you do not receive a TOA register with your payroll packet once the accrual is in place.
- Show balances in Employee Self-Service ? Yes No Show balances in Time Clock Yes No
 *Please note if there is a probationary period on checks that period will apply in all locations available time off is reported
- Should all new hires be set up for this accrual? Yes No: Client will need to identify eligible employees when submitting new hire paperwork or when the employee becomes eligible for time off accrual.
- Please complete the chart showing your accrual levels & attach a copy of your company policy for verification of our setup.

Company Tenure	Time Period of Accrual	Rate	Total Annual Accrual	Carryover Max	Maximum Accrual
0 - 1 yr = 0 - 12 months	Weekly	0.0192	40 hrs	40 hrs	80 hrs
2 - 5 yr = 13 - 60 months	Weekly	0.0384	80 hrs	40 hrs	120 hrs

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).

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

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

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

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

Authorized client representative: _____ Title: _____

Signature: _____ Date: _____

<i>For Asure use only:</i> Requestor: _____		CSR Rep: _____	Date Requested: _____
Route form to all Departments for Review			
1 -CUST SVC: _____	Date Completed: _____	Priority: <input type="checkbox"/> High	<input type="checkbox"/> Medium
2 -CSR MGR: _____	Date Completed: _____		<input type="checkbox"/> Low
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 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