



**COMPANY CHANGE FORM – Time Off Accrual – Balances Only**

Company Number: \_\_\_\_\_ Company Name: \_\_\_\_\_

Date Requested: \_\_\_\_\_ Change Effective Date: \_\_\_\_\_

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

(Example: PTO, CTO, Vacation, Sick)

**Note: Client will be responsible for updating new accrued time (or your CSR will need to be informed if you do not have remote access). This accrual will track and deduct time off banks only.**

1. What code or codes reduce this accrual? \_\_\_\_\_
2. Show balances on checks? **Yes** or **No** If yes, show in: **Hours** or **Days** If days, how many hours in a day? \_\_\_\_\_
3. Show on check (circle one): **Accrued-Used-Unused** **Accrued-Unused** **Unused** **Don't show**
4. Show balances in Employee Self-Service? **Yes** or **No** Show balances in Time Clock? **Yes** or **No**
5. Should all new hires be automatically set up for this accrual? **Yes** or **No** If no, Client to ID eligible EE.

Please attach a list of employees who are currently eligible for applicable accrual and current beginning balances.

*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**

***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. \_\_\_\_\_

*For Asure 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 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