

Accrual Checklist

Please attach all supporting documentation, e.g. a copy of the client handbook or accrual policy. We require a client officer's signature before processing to ensure authorization. If the same client has multiple accrual types that need to be set up, please complete a separate form for each separate accrual and submit together as one request.

Plan Description: _____

Is this a New Plan: Yes No

Policy Type (please check only one per form):

Vacation Personal
 Sick PTO

Effective date that CLEAR will start tracking time off accruals? ____/____/____

HR Manager: _____ Client Name: _____

Client #: _____ Client Contact: _____

Pay Cycle: _____ Telephone: _____

Employee Type (check all that apply):

Full-time Part-time Per Diem Seasonal

Other: _____

Pay Codes to Use (check only one per form):

Vacation Sick Personal PTO

1. Accrual/Trigger Method: accrues monthly, per pay period or per hours worked

Yes (fill out table below) No (see #2)

If Yes, how often would you like your employees to accrue PTO? (please check one of the following):

Pay Period End of the month

Monthly on EE anniversary date Per hours worked*

*List Pay Code(s) to accrue on (i.e. regular, overtime, etc.): _____

Complete the table below (If more than 5 tiers, add additional pages)

Seniority Level	After Months	Total amount of hours accrued per year	Accrual amount. per hour, month, or pay period	Maximum Annual Carryover (i.e. 40 hours)	Accrual Stop Balance (i.e. 40 hours)*
1	0				
2					
3					
4					
5					

*Use this column only if the plan has a cap accrual instead of a maximum carryover

2. **Lump-Sum method:** PTO given in one lump sum at a point in time, see #3

Yes (fill out table below) No (see #3)

Seniority Level	After Months	Annual Accrual Amount (Lump Sum Hours)	Maximum Annual Carryover (i.e. 40 hours)	Accrual Stop Balance (i.e. 40 hours)*
1	0			
2				
3				
4				
5				

3. **Lump Sum Calculation:** Will this policy's year end be based on a fiscal/calendar year (i.e. ending 12/31) or the employee's anniversary date?

Fiscal Year End: ____/____ Calendar Year End EE Anniversary Date

4. **Do you want employee balances to carryover to next year?** Yes No

If Yes, how many hours?

- All hours
 40 hours
 Other: _____

5. **Does carryover expire?** Yes No

If yes, in how many months does carryover expire? _____

6. **Do you carry over negative balances if more time than allotted is used?** Yes No

7. **Does your plan include payouts?** Yes No

8. **Do you want these balances to print on employee's paychecks?** Yes No

9. **Will there be a waiting period for printing balances on employees' paychecks?** Yes No

10. **How long will the waiting period be in months?** (many employers use 3 months): _____

11. **If an employee doesn't work or get paid for an accrual period, should they still accrue time?** Yes No

12. **Do you want your employee's current PTO balances recorded for each employee?** Yes No

a. If yes, please include employees' current PTO balances when submitting this form.

13. **Additional explanation of options selected above:**

Client Name: _____ Client Email: _____

Client Signature: _____ Date: _____

CLEAR Use Only

Client ID#: _____ Date received: _____

Comments: _____

Estimated Completion Date: _____ Balances Received and Entered: _____

Pay Cycle: Weekly Bi-Weekly Semi-monthly Monthly

Client Contact Notes:

