



Fax to 781.851.8491 Questions? Call 302-494-0075

Date:	Company	Name:		
PTO D	ata			
What do you	want to track?	□ Vacation □ Sick □ Paid Time Off		
Does your p	lan(s) have mult	iple tiers? ☐ No ☐ Yes (please specify	below)	
		es accrue at .025 rate per hour worked to ees accrue at .05 per hour worked to a ma		
VACATION				
From	to	months employees accrue at	rate per	to a Max of
From	to	months employees accrue at	rate per	to a Max of
From	to	months employees accrue at	rate per	to a Max of
SICK				
From	to	months employees accrue at	rate per	to a Max of
From	to	months employees accrue at	rate per	to a Max of
From	to	months employees accrue at	rate per	to a Max of
РТО				
From	to	months employees accrue at	rate per	to a Max of
From	to	months employees accrue at	rate per	to a Max of
rom	to	months employees accrue at	rate per	to a Max of
	_	uired Information - Ple plan? □ On January 1st each year □ Employee Hire or Anniversar	□ On a sp	ecific date
Do your emp	oloyees accrue o	r are they given a lump sum each year?		p sum
ls there a wa	uit time before e	mployees can BEGIN their accrual? 👊 `	Yes 🗆 No How lo	ong?
ls there a wa	nit time before e	mployees can USE their accrual? 🛭 Yes	s □ No How long	j?
Do you allow	ı your employee	s to Carry-Over PTO time? ☐ Yes ☐ N	o If yes, How muc	h per tier?
		amount of time your books at any time? □ Yes □ No If y	ves, How much per tie	r?
	supply t	the following informa	tion for ea	ch employe
Please				
Hire date:		_		
Hire date:	ed to date:			