



Vacation / PTO Accrual

Client Name: _____

Owner Name: _____

Person Authorized to Approve Time Off: _____

Type of Accrual and Amount:

- Vacation
Available at:
 - 90 days
 - Employee anniversary date
 - First of the yearResets at:
 - End of the year – “Use it or loss it”
 - Employee anniversary date
 - NeverCarry Forward:
 - Carry forward total hours available
 - Carry forward _____ hoursPay out upon Separation:
 - Yes – Up to _____ Hours
 - No

Accrual is based on:

| Months From | | Thru | Accrual Amount / Max Avail |
|-------------|----|-------|----------------------------|
| _____ | to | _____ | _____/_____ |
| _____ | to | _____ | _____/_____ |
| _____ | to | _____ | _____/_____ |
| _____ | to | _____ | _____/_____ |

- Sick / PTO
Available at:
 - 90 days
 - Employee anniversary date
 - First of the yearResets at:
 - End of the year – “Use it or loss it”
 - Employee anniversary date
 - NeverCarry Forward:
 - Carry forward total hours available
 - Carry forward _____ hours

Accrual is based on:

| Months From | | Thru | Accrual Amount / Max Avail |
|-------------|----|-------|----------------------------|
| _____ | to | _____ | _____/_____ |
| _____ | to | _____ | _____/_____ |
| _____ | to | _____ | _____/_____ |
| _____ | to | _____ | _____/_____ |

- Pay out upon Separation:
- Yes – Up to _____ Hours
 - No

Owner Signature: _____ Date: _____