



# Paid Time Off Enrollment Form

*Please fill out and return to your Payroll Specialist*

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

Do you have a written policy for paid time off?                      Yes (please attach a copy)                      No

What type of paid time off do you offer your employees?

Vacation Time                      Sick Time                      PTO                      Other: \_\_\_\_\_

**\*\*\* If you have separate policies for vacation, sick, PTO or other paid time off, you must fill out a \*\*\*  
separate form for each.**

How long must employees work before they are eligible to accrue paid time off? \_\_\_\_\_

How long must employees work before they are eligible to use paid time off? \_\_\_\_\_

What is the basis for your paid time off policy?                      Calendar Year                      Employee Anniversary Date  
If you chose calendar year, when does it end? \_\_\_\_\_

How is employee paid time off accrued?

Pay Period                      Monthly                      Annually                      Other (see policy)

What is the accrual rate?

\_\_\_\_\_ hours per:                      Pay Period                      Month                      Year                      Varies (see policy)

Can paid time off be carried over from one plan year to the next?                      Yes                      No

If Yes, what amount? \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

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