

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	Sick Time	PTO		
Other:					
*** If you have separate policies for vacation, sick, PTO or other paid time off, you must fill out a separate for for each***					
How long must employees work before they are eligible to <u>accrue</u> paid time off?					
How long must employees work before they are eligible to <u>use</u> paid time off?					
What is the basis for your paid time off policy?	Calendar Year		Employee Anniversary Date		
If you chose calenday 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	Monthly	Annually	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