

# BIWEEKLY PTO ACCRUAL TRACKER

EMPLOYEE NAME

EMPLOYEE ID

DEPARTMENT

CALENDAR YEAR

ACCRUAL RATE (PER PERIOD)

ANNUAL ACCRUAL CAP

MAXIMUM CARRYOVER ALLOWANCE

HIRE DATE

**BEGINNING BALANCE**

**TOTAL PTO EARNED (YTD)**

**TOTAL PTO USED (YTD)**

**CURRENT AVAILABLE BALANCE**

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

**TOTALS (YTD)**

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