EMPLOYEE TIME OFF ACCRUAL

& Payroll Policy Form

COMPANY INFORMATION

Company Name:

Effective Date:

EMPLOYEE INFORMATION

Employee Name:

Employee ID:

Job Title:

Department:

ACCRUAL RATE & POLICY SELECTION

Accrual Category	Accrual Rate (e.g., hours/period)	Maximum Yearly Cap
Paid Time Off (PTO)		
Sick Leave		
Vacation Leave		

PAYROLL ACCRUAL SCHEDULE

☐ Weekly Accrual Cycle

☐ Bi-Weekly Accrual Cycle (Every 2 weeks)

☐ Semi-Monthly Accrual Cycle (Twice per month)

☐ Monthly Accrual Cycle

POLICY & CARRYOVER TERMS

By signing below, the employee acknowledges and agrees to the company's Paid Time Off (PTO) and Accrual Policy. Accrued hours are calculated based on the selected payroll cycle. Carryover of unused hours from one calendar year to the next is subject to the limitations set forth in the Employee Handbook. Any excess accrued hours beyond the designated maximum cap will cease to accumulate until the balance falls below the threshold.

Employee Signature Date

Authorized Representative Date