

# BIWEEKLY PTO & SICK LEAVE ACCRUAL LEDGER

EMPLOYEE NAME

EMPLOYEE ID

CALENDAR YEAR

DEPARTMENT

JOB TITLE

MANAGER / SUPERVISOR

## ACCRUAL POLICY & RATES

Leave Type	Annual Accrual Cap	Accrual Rate (Per Pay Period)	Starting Balance
Paid Time Off (PTO)			
Sick Leave			

## BIWEEKLY ACCRUAL DETAIL

PAY PERIOD	START DATE	END DATE	HOURS WORKED	PAID TIME OFF (PTO)			SICK LEAVE			NOTES / ADJUSTMENTS
				ACCRUED	USED	BALANCE	ACCRUED	USED	BALANCE	
<b>TOTALS</b>										

Employee Signature

Date

Authorized Approver Signature

Date

