

Client #: _____



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Client Name: _____

Client Accrual Plan Questionnaire: Please return to your specialist, thanks!

Is this a new accrual plan, or is this an existing plan for the company?

New: Does it apply to all employees?

Yes

No (Please provide list of eligible employees with questionnaire)

Existing: Do the employees already have balances?

Yes (Please provide employee balances with questionnaire)

No

Do you have a written description of how the plan works from your employee handbook?

Yes (Please provide to your specialist)

No

Please specify the details of your plan below:

1) What type of plan (category) needs to be set up? (PTO, Vacation, Sick, etc.)

PTO

Vacation

Sick

Other – Please specify _____

2) What would you like the name of the plan to be?: _____

Should the accruals show on the employee's pay stub?

Yes

No

3) How should the plan accrue?

Per Schedule– Is it only when the employee is paid or every pay regardless?

Every pay regardless if employee gets paid

Only when employee is paid

Per Hours Worked-(specify if hours paid but not worked should be included)

Please specify if there is a minimum and/or maximum that needs to be worked in order for the employees to accrue time: _____

Balance Only (does not accrue, balances must be updated manually)

Other – Please provide details of how the plan accrues in Notes section (last page)

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4a) Please confirm the processing order:

Hours Taken, Carryover allowed, Accrual (recommended)
Other - If other please specify

4b) What is your plan year? (When does the plan carryover/renew?)

Calendar Year
Anniversary
Fiscal Year or Other- Please specify: _____

5) Is length of service based on Hire Date or an Adjusted Date? : _____

6) How many months of service have to be completed to be eligible for the plan? : _____

7) What are the accrual rates? (Amount per accrual period or amount per hour)

7a) Are there tiers with increasing rates? (Ex: the longer the employee works for the company, the higher the accrual rate)

Yes → (complete 7b)
No → (Please proceed to question 10)

7b) List the accrual tiers. Please list completed months of service, and the accrual rate for each tier.

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8) Is there a balance limit? (Also known as a "cap". The accrual will stop when the limit is reached and nothing will accrue until the employee has taken time to fall below this amount.)

Yes: Balance Limit _____ Hours (please specify how many hours)
No

9) Is there a carryover limit?

No carryover allowed (unused balance is not carried over into the new plan)
Limited Hours
Unlimited

10) What is the carryover limit? _____ Hours

11) Is there a Year to Date Accrual limit? (Employee can only accrue this amount of hours per annual accrual period and no more)

Yes: Year to Date Limit _____ Hours (please specify how many hours)
No

12) Is there a probationary period (# of months before an employee is eligible for the plan)?

Yes How many months? _____ (please also answer question 12a)
No

12a) Are the employees accruing time during the probationary period?
Yes, they accrue but can't use until probationary period ends
No, they do not accrue during the probationary period

Notes: Please include any other relevant details

Internal Use Only: Accrual Checklist

- | | |
|-----------------------------|---|
| 1. Complete Questionnaire | 5a. Choose plan for each employee |
| 2. Add earnings [if needed] | 5b. Add balance & history update to each employee |
| 3. Add Accrual Type | 6. Preview check to verify plan |
| 4. Add Accrual Plan | 7. Add Leave Accruals Report |

Entered by: _____ **Verified by:** _____