



## **Purchased Paid Time-Off Program**

All regular full-time employees, including managers, with 6 months of continuous service are eligible to participate. The program year runs from January 1, 2012 through December 31, 2012.

This benefit gives you the option of purchasing up to 3 additional paid days off per calendar year with pre-tax dollars. You may use PTO for vacation, sick leave, medical appointments, family illness or any leave of absence. A minimum reimbursement of 1 hour has been established for administrative reasons. You may not use PTO for no call/no show days, unexcused late arrivals or early departures, and suspensions.

All days purchased through this program must be used prior to the end of each calendar year or will be forfeited. In addition, any unused time will be forfeited upon termination of employment.

### **PTO Frequently Asked Questions**

**Q: *How do I determine how much PTO time I have to use?***

**A:** PTO is tracked in dollars, not hours. To determine the dollar value you have left at any given time, refer to your last check stub. Subtract the Y-T-D amount for the earning code "TOU-TOP Used" from your total requested amount. This will provide you with your remaining available dollar amount.

**Q: *How do I submit a claim form for PTO?***

**A:** Complete all required information on the claim form and forward it to your manager with your timesheet.

**Q: *If my pay changes, will my deductions change?***

**A:** No. The total amount you originally requested to purchase will not change during the year even if your hourly rate changes. In addition, all hours requested will be paid at your pay rate at the time of your request for PTO pay.

**Q: *Do I have to enroll in PTO?***

**A:** No. Participating in the PTO program is optional.

**Q: *What if I change my mind after I have submitted an enrollment form?***

**A:** Once PTO deductions begin, enrollment cannot be canceled.

**Q: *When does my PTO become effective?***

**A:** You may start to use your PTO with the first deduction from your paycheck.

If you wish to enroll, please submit a completed PURCHASED PAID TIME-OFF PROGRAM ENROLLMENT FORM and return it to your supervisor, manager or Benefits Coordinator.



660 Basket Road  
 Webster, NY 14580  
 (800) 615-6144 Fax: (585) 217-0250  
 Email: empl.hotline@datrose.com

## PURCHASED PAID TIME-OFF PROGRAM ENROLLMENT FORM

*Effective Date (required):* \_\_\_/\_\_\_/\_\_\_  
 1<sup>st</sup> of the month

<b>Employee Information</b> <i>(Please Print Clearly):</i>				
Employee ID#: _____		<b>or</b>	Social Security Number:        -        -	
Employee Name: (Last)		(First)	(MI)	
Hire Date: ___/___/___				
Address: (Number and Street)				
(City)		(State)	(Zip Code)	
<i>The purpose of this agreement is to authorize the election of eligible benefits and the reduction in salary needed to facilitate the employer providing the employee with selected benefits.</i>				
<b>Paid Time-Off Calculation</b>				
<b><u>Current Hourly Rate</u></b>	<b><u>*No. of PTO days elected</u></b>	<b><u>Total Cost for Plan Year</u></b>	<b><u># of Paychecks Remaining</u></b>	<b><u>Per Pay Deduction</u></b>
\$ _____	x _____	x 8hrs = \$ _____	÷ _____	= \$ _____
* (Maximum 3 days)				
Employee signature: _____ Date: ___/___/___				
<i>I have received and read the outline which explains the Paid Time-Off Program and my option under it. I understand that by signing and submitting this enrollment form, I am making an irrevocable election for the current plan year. Moreover, I authorize plan year elections to be prorated equally over each payroll period. I also understand that any unused amounts will be forfeited after the end of the plan year or upon termination of employment.</i>				
<b>Employer MUST Complete This Section: (Date and Initials required)</b>				
Number of pay dates on which PTO deductions will be taken during this year: _____				
Date first PTO deduction will be taken: ___/___/___		<input type="checkbox"/> Entered into ABRA _____		
Personnel verifying: <input type="checkbox"/> Eligibility _____ <input type="checkbox"/> Calculations _____ <input type="checkbox"/> ABRA entry _____				



## PAID TIME-OFF (PTO) SPENDING ACCOUNT REIMBURSEMENT CLAIM FORM

**NOTE: PTO is paid in the dollar amount requested, not by the number of hours requested.  
(PLEASE PRINT CLEARLY)**

Part 1					
Last Name: _____			First Name: _____		
Social Security No.: _____ - _____ - _____			Employee #: _____		
Part 2					
Column - 1 Date Requested  (Minimum of 1.0 hour)	Column - 2 Pay Period Ending	Column - 3 Original Goal Amount Purchased During Enrollment	Column - 4 Year-to-Date PTO Amount Paid  (Verified from last pay stub)	Column - 5 AMOUNT of this REQUEST (Current Hourly Rate multiplied by the number of hours requested)	Column - 6 REMAINING BALANCE • Column 3 Minus (-) • Column 4 Minus (-) • Column 5
Ex.1 - 01/20/12	01/22/12	\$300.00	\$ 0.00	\$100.00	\$200.00
Ex.2 - 07/02/12	07/08/12	\$300.00	\$100.00	\$ 50.00	\$150.00
Ex.3 - 11/23/12	11/25/12	\$300.00	\$150.00	\$150.00	\$ 0.00

- If your *current* hourly rate is *higher* than your hourly rate at the time of enrollment into the plan, you will be paid at the higher rate (your current hourly rate).
- If your PTO balance is ***less than*** the amount requested; Payroll will only process the PTO dollar amount balance remaining in your account. It is each employee's responsibility to track their remaining balance via their requested amount against their most recent payroll stub.

**Employee Certification: I request reimbursement for Paid Time-Off as itemized above.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions for Submitting your Claim:**

1. Complete Part 1 and 2 of this claim form in full.
2. For each date you are claiming in Part 2, attach a copy of claim form to your timesheet (if applicable).
3. Unitime – An Attendance Record in Unitime must be entered (ANT or ADT) for manger approval.
4. The claim form *must* be signed and dated.
5. Submit the completed claim form and timesheet (if applicable) to your manager/supervisor.

**Note to Managers:** Forward this form (completed in full) to the Payroll Administrator with your weekly payroll.

<b>Payroll Use Only</b>	
Verified eligibility	Verify hourly rate @ purchase
Verified Part 2 calculation	Terminating employee – Check Balance
Your initials: _____	Date: _____