



Benefit and PTO (Paid Time Off) Change Form

Company: _____

Employee Name: _____

Employee SSN #: _____

Managers Name: _____

Managers Signature: _____ Date: _____

Benefits

Are you adding or dropping Benefits: _____

What is the Effective Date: _____

What type of Benefit (Medical, Dental, ect): _____ Who is the Carrier: _____

What is the Monthly Deduction from the Employee: _____

What is the Monthly Deduction from the Employer: _____

Do you need to catch up on any previous premiums _____ If so how much? \$ _____

Does this need to be caught up over several pay periods: _____ If so how many: _____

PTO (Paid Time Off)

Do you need to make an adjustment for PTO: _____

Which type of adjustment (PTO, sick, vacation, ect.) _____

Are you adding to or taking away PTO: _____

If you are taking away should the PTO be paid: _____ If so how much: _____

What is the PTO Balance: _____ As of Date: _____

What should the Balance be: _____ As of Date: _____

Reason for Adjustment?

