

**Company Name:** \_\_\_\_\_ **Client Code:** \_\_\_\_\_

**Authorizing Individual Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please complete the following to ensure accurate setup for Public Health Emergency Leave (PHEL) Accrual Policy:**

**Eligibility:** *Please provide details of which employees are eligible for the PHEL plan.*

*Include employment categories, work locations, etc.*

\_\_\_\_\_

**Automatically Assign Policy to All Employees?**

**Yes**

**No**

**Accrual Amount:** *How many hours should be allocated to each employee?*

*Please Note: If you employ "Part-time" employees that would be eligible for a lesser number of hours for PHEL, you will need to override the scheduled accrual amount on the employees' "Leave Accruals" screen.*

\_\_\_\_\_

**Display on Employee Pay Stubs?**

**Yes**

**No**

**Allow Employees to request time off for PHEL through the Employee Self-Service Portal?**

**Yes**

**No**

**General Ledger Expense Account for Used Leave:**

*Only applicable if your company utilizes the General Ledger feature of isolved.*

\_\_\_\_\_

By signing below, I agree that I have reviewed the guidelines for the Public Health Emergency Leave (PHEL). It is my responsibility to monitor regulations that are released and notify Autopaychecks HCM of any changes that affect PHEL. This above plan will be active until I notify Autopaychecks HCM that the plan should no longer be in effect.

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please email to: [info@autopaychecks.com](mailto:info@autopaychecks.com) or Fax to 970-257-1872

Internal

Setup by: \_\_\_\_\_ Date: \_\_\_\_\_

Double Checked by: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed with Client by: \_\_\_\_\_ Date: \_\_\_\_\_