



Precision Payroll  
Leave Accrual Form  
Fax (812) 401-6880

Date:

From: \_\_\_\_\_

Company: \_\_\_\_\_

\_\_\_\_\_

Employee Name: \_\_\_\_\_

PTO Plan: \_\_\_\_\_

PTO Rate: \_\_\_\_\_

Balance Update: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Company Contact