# Company Name and Date:

The purpose of this questionnaire is to identify the key requirements of your organization. Please complete the questionnaire as thoroughly as possible as this ensures that we can better understand policies and procedures to assist you in your implementation. This is a critical document in the implementation process.

You may type directly into this form. Feel free to expand on the questionnaire with attachments if needed, but please **respond to each question**. If the question does not apply to you simply respond with **“N/A”** If you are unsure of a section in this document, please contact your Implementation Coordinator for further explanations or assistance. Please copy & paste tables where more than 1 policy exists.

## Primary Contact

|  |  |
| --- | --- |
| **Name** |  |
| **Phone Number** |  |
| **Email** |  |

## Secondary Contact

|  |  |
| --- | --- |
| **Name** |  |
| **Phone Number** |  |
| **Email** |  |

## Company Information

|  |  |
| --- | --- |
| **Company Name** |  |
| **Street Address** |  |
| **City** |  |
| **State** |  |
| **Zip Code** |  |
| **Company Web Site** |  |

## Pay Period Information

Place an “X” next to each pay period type that your company uses. Please also note when pay period starts and ends. Check each that applies.

|  |  |  |
| --- | --- | --- |
| **Type** | **Observed** | **Dates** |
| *Bi-Weekly (26 or 27 per year)* | *X* | *Provide - Start date, end date, paid on date* |
| **Fill in below** | | |
| Daily (365 per year) |  |  |
| Weekly (52 per year) |  |  |
| Bi-Weekly (26 or 27 per year) |  |  |
| Semi-Monthly (24 per year) |  |  |
| Monthly (12 per year) |  |  |
| Custom (Please provide start & end dates in an attachment) |  |  |

## Verification Rules

Please complete the following section if your employees/supervisors will have access to Time Cards via the computer.

|  |  |
| --- | --- |
| Will you require Employees to electronically sign off on their Time Cards? |  |
| Will you require Managers to electronically sign off on their Time Cards? |  |
| Will you require Supervisors to electronically sign off on their Time Cards? |  |

## Employee Types

Place an “X” under each item you will be tracking based on Employee Pay Type.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Employee Pay Type** | **Number of EE’s** | **Punches** | **Absences** | **Accruals** | **Time off Requests** |
| Hourly Employee |  |  |  |  |  |
| Non-Exempt Salary Employees\* |  |  |  |  |  |
| Exempt Salary Employees |  |  |  |  |  |

***\* Non- Exempt Salary are typically paid a base salary but eligible for OT after a certain amount of hours.***

## Overtime Rules

If more than 1 policy, please list all separately.

|  |  |
| --- | --- |
| Do your employees earn overtime? |  |
| If yes, after how many hours in the week is overtime earned? |  |
| What is the weekly overtime rate? |  |
| What is your overtime week? E.g. Monday-Sunday |  |
| Do your employees earn Daily Overtime? |  |
| If yes, after how many hours in a day is overtime earned? |  |
| What is the daily overtime rate? |  |
| Do you have other overtime rates? |  |
| If so, please include the policies. |  |

## Premium Pay Rules

Please complete the following section if your employees receive a pay rate differential for working certain shifts, departments, on specified days of the week, or certain times of day (e.g. Prevailing Wages/Shift Differentials). If more than 1 policy, please list all separately.

|  |  |
| --- | --- |
| What is the name of this policy? |  |
| What will the Premium Pay be used for? (worked hours, holiday pay, department/shift differential) |  |
| What are the dates that this policy is in effect? |  |
| Is there a specific time of day that this policy is in effect? |  |
| Are there a specific number of hours that must be worked before this policy is in effect? |  |
| Are there certain days of the week that this policy is in effect? |  |
| Does this policy count toward “Hours Based Accruals?” |  |
| How will this Premium Pay Policy be calculated? (Pay x Factor, Pay + Premium, Flat Rate, Pay Rate Formula) |  |
| What is the factor, rate, flat rate, or formula for this policy? |  |

## Accrual Plans

### Calendar Based Accrual Plans

Calendar based policies are based off of a calendar year; e.g. January 1, or employee’s anniversary date. If more than 1 policy, please list all separately.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Accrual Policy | | |  | |
| Are these hours awarded per pay period or in a lump sum? | | |  | |
| Do you want your accruals to rollover (carry over) from one year to the next? | | |  | |
| Is there a probation period for this policy? | | |  | |
| If yes, what is the probation timeframe? (example: 30 days; 1 year) | | |  | |
| If yes, does this probation restrict Accruing (do not accrue) or Absences (Accrue but cannot use)? | | |  | |
| **Fill in below** | | | | |
| **Levels of Accrual** | **When to award to employee (pay period, annually)** | **Hours** | **Max bank &/or Max rollover**  **(specify which)** | **Allow negative rollover?**  **Y/N** |
| ***0-3 Years*** | ***Pay period*** | ***40*** | ***100*** | ***N*** |
| ***5-10 Years*** | ***Pay period*** | ***80*** | ***100*** | ***N*** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

### Hours Based Accrual Plans

Hours based policies are based off of X amount of accrual hours awarded per X number of hours worked; e.g. 075hrs/1hr worked. If more than 1 policy, please list all separately.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Accrual Policy | | | |  | |
| Are these hours awarded per pay period or in a lump sum? | | | |  | |
| Do you want your accruals to rollover from one year to the next? | | | |  | |
| Is there a probation period for this policy? | | | |  | |
| If yes, what is the probation timeframe? (Example: 30 days; 1 year) | | | |  | |
| Does this probation restrict Accruing or Absences? | | | |  | |
| **Fill in below** | | | | | |
| **Levels of Accrual** | **When to award to employee (pay period, annually)** | **Hours** | **Max bank &/or Max rollover** | | **Allow negative rollover?**  **Y/N** |
| ***0-3 Years*** | ***Pay period*** | ***40*** | ***100*** | | ***N*** |
| ***5-10 Years*** | ***Pay period*** | ***80*** | ***100*** | | ***N*** |
|  |  |  |  | |  |
|  |  |  |  | |  |
|  |  |  |  | |  |

## Absence Policies

Insert as many rows as necessary.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Absence Code Name** | **Accrual Policy, If any** | **Paid/Unpaid** | **Can be used for time off request? Y/N** | **Can employee’s balance go into the negative?** |
| ***Paid Time Off*** | ***PTO*** | ***Paid*** | ***Y*** |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

### Additional Details:

|  |  |
| --- | --- |
| Do these absence codes count toward Hours Based Accruals? (if applicable) |  |
| Do absence codes count toward Overtime? |  |

## Holidays

|  |  |  |
| --- | --- | --- |
| **Holiday Name** | **Date Observed** | **Observed? Yes or No** |
| ***Christmas Day*** | ***12/25/2013*** | ***YES*** |
| **Indicate if each holiday is observed in your company or not** | |  |
| New Year’s Day | January 1 |  |
| Martin Luther King’s Birthday | 3rd Monday in January |  |
| Washington’s Birthday | 3rd Monday in February |  |
| Memorial Day | Last Monday in May |  |
| Juneteenth National Independence Day | June 19 |  |
| Independence Day | July 4th |  |
| Labor Day | 1st Monday in September |  |
| Columbus Day | 2nd Monday in October |  |
| Veterans’ Day | November 11 |  |
| Thanksgiving Day | 4th Thursday in November |  |
| Christmas Day | December 25 |  |

## Holiday Rules

|  |  |
| --- | --- |
| Do holiday hours count toward “Hours Based Accruals?” (if applicable) |  |
| Do your employees ever work on a holiday? If yes, do they receive holiday pay and their worked hours? |  |
| If yes, is there a premium pay (e.g. x1.5) for employees that work on a holiday?**\*** - what is the premium? |  |
| Do holiday hours count toward overtime? |  |
| What is the standard amount of hours to award on a holiday? |  |
| Do certain groups receive less hours than listed above? |  |
| Is there a probation period for paid holidays? |  |
| Do you require your employees to work the shift before and/or after a holiday to qualify for the paid holiday time? If yes, how many are required to qualify? |  |

## Rounding Rules

* **Range Rounding** allows you to select a time range and round it to a specified time within that range; e.g. from 7:45 AM to 8:05 AM, round to 8:00 AM.
* **Interval Rounding** allows you to specify a rounding interval such as 6 minutes or 15 minutes. The rounding for each interval is then selected to nearest, up, or down.
* **Schedule Rounding** is used on schedule rules *only*. It will round to the schedule start and end times.

### Range Rounding

If more than 1 policy, please list all separately.

|  |  |
| --- | --- |
| What is the name of this policy? |  |
| What is the starting time of the range you want rounded? |  |
| What is the ending time of the range you want rounded? |  |
| What time would you like the range rounded to? E.g. 8:00 AM |  |

### Interval Rounding

If more than 1 policy, please list all separately.

|  |  |
| --- | --- |
| What is the name of this policy? |  |
| At what interval should the punches be rounded? (3,5,6,10,15,30 min) |  |
| Should it round to Nearest, Up or Down? |  |
| Which punches do you want rounded? (All, All In, All Out, First In, Last Out) |  |

### Schedule Rounding

If more than 1 policy, please list all separately.

|  |  |
| --- | --- |
| What is the name of this policy? |  |
| How long before the start time of the schedule would you like to round in minutes? |  |
| How long after the start time of the schedule would you like to round in minutes? |  |
| How long before the end time of the schedule would you like to round in minutes? |  |
| How long after the end time of the schedule would you like to round in minutes? |  |

## Meal and Break Rules

* **Meal Threshold Policies** are meal policies which apply a deduction after a fixed number of hours and minutes; e.g. 30-minute deduction after 6 hours worked. This is to be used if the system is to auto deduct & employees *will not* punch at lunch.
* **Meal Window Policies** indicate a fixed window in which employees should take a lunch for a set duration. This may or may not include automatic deduction; e.g. between 10:00 AM and 2:00 PM employee is expected to take 1hr lunch.
* **Meal Shift Policies** are only applied to employees using scheduling.
* **Meal Floating Window Policies** are meal policies are similar to “Meal Window” policies, except the window ‘floats’ based on when the employee starts work; e.g. employee is expected to take a 1 hour lunch between his 2nd and 6th hour of work.
* **Multi-Threshold Policies** are meal policies that allow the ability to set multiple threshold points in a day or contiguous hour record to apply meals; e.g. employee is expected to take a 30-minute lunch after working hours exceed 4 hours from punch in time, or expect a 1-hour meal when the employees worked hours exceed 6 hours from punch in time.

### Meal & Break Threshold

If more than 1 policy, please list all separately.

|  |  |
| --- | --- |
| What is the name of this policy? |  |
| Is the threshold based on contiguous time or day? |  |
| What is the duration of this meal? |  |
| How many work hours are required before this time should be deducted? (threshold) |  |
| Is the period start based on punch in time or scheduled start time? |  |
| Should the meal be applied to the worked hour threshold or a specific time? If specific time, what time? |  |
| Do you consider the meal duration as Grace? |  |
| Is the meal based on unrounded time? |  |
| If an employee punches for less than the expected meal duration, do you want the system to deduct the remainder? |  |
| Do you want the system to automatically deduct the meal time? |  |
| Should the meal count towards scheduled worked hours? |  |
| How much time should be deducted? |  |

### Meal & Break Window

If more than 1 policy, please list all separately.

|  |  |
| --- | --- |
| What is the name of this policy? |  |
| What is the duration of this meal? |  |
| What is the start time of the meal window? |  |
| What is the end time of the meal window? |  |
| If an employee punches for less than the expected meal duration, do you want the system to deduct the remainder? |  |
| Do you want the system to automatically deduct the meal time? |  |
| Should the meal count towards scheduled worked hours? |  |
| Should the meal be applied to a specific time? If specific time, window end, or window start? |  |

### Meal & Break Multi-Threshold

If more than 1 policy, please list all separately.

|  |  |
| --- | --- |
| What is the name of this policy? |  |
| Is the threshold based on contiguous time or day? |  |
| Is the period start based on punch in time or scheduled start time? |  |
| Should the meal be applied to the worked hour threshold or a specific time? If specific time, what time? |  |
| Do you consider the meal duration as Grace? |  |
| Is the meal based on unrounded time? |  |
| If an employee punches for less than the expected meal duration, do you want the system to deduct the remainder? |  |
| Do you want the system to automatically deduct the meal time? |  |
| Should the meal count towards scheduled worked hours? |  |
| What is the first threshold for this policy? |  |
| What is the duration of this meal? |  |
| What is the second threshold for this policy? |  |
| What is the duration for this meal? |  |

**\*add rows as necessary for additional thresholds.**

## Minimum Hours Rules

Please complete the following section if any employee receives a minimum number of hours for an event or regardless of time punched; e.g. If an employee is called back to work & punches in for 30 min, s/he received 2 hours minimum for the Call Back. If more than 1 policy, please list all separately.

|  |  |
| --- | --- |
| What is the name of this policy? |  |
| What is the frequency (per week, per day, per pay period, per year)? |  |
| What is the maximum hours allowed for the frequency?  (Once they receive the hours specified here, they will no longer receive hours assigned to the included pay codes.) |  |
| What earnings will be included in this policy? |  |

## Attendance Rules

Please complete the following section if your company will be using Schedules. Schedule rules explain to us “What counts as a shift” for particular alerts to trigger accordingly. If more than 1 rule, please list separately.

|  |  |
| --- | --- |
| What is the name of this rule? |  |
| In hours and minutes, what is the amount of time before and after the START and END time that employees entering punches will be considered on this shift? E.g. 1hr 30min |  |

## Shifts

Please complete the following section if your company will be using Schedules. Please attach a list of shifts that you offer. Shifts in iSolved are the scheduled start and end times.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Shift** | **Shift Start Time** | **Shift End Time** | **Minimum Duration** | **Maximum Duration** | **Attendance Rules. Y/N** |
| ***Day Shift*** | ***07:00 AM*** | ***04:00 PM*** | ***8 hours*** | ***8 hours*** | ***Y*** |
| **Fill in below** | | | | | |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

## Policy Groups

Policy Groups assign designated policies to a particular group of employees. For example, Full Time employees may receive Holidays but Part Time employees do not. If more than 1 group, please list all separately. If you are uncertain in this section leave blank to be discussed during the document review.

|  |  |
| --- | --- |
| Name of Policy Group? | N/A |
| Which pay period would you like to be assigned to this group? |  |
| Which overtime policies does this group receive? |  |
| Does this group receive Holidays? If yes, how many standard hours? |  |
| Does this group receive any Premium Pay policies? If yes, please list. |  |
| Does this group receive any Rounding policies? If yes, please list. |  |
| **Additional Notes:** | |
|  | |
|  | |

## Time Off Requests

Will any of the following create &/or approve Time Off Requests (electronically request an absence) within the system:

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Type** | **Create** | **Approve** | **Email Notification** |
| Hourly Employees |  |  |  |
| Salary Non-Exempt Employees |  |  |  |
| Salary Exempt Employees |  |  |  |
| Admins |  |  |  |

## Time Card Permissions

What level of access would you like your employees to have on the Time Card:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Employee Type** | **Clock User** | **Self-Service Punch** | **Time Off Requests** | **Enter/Edit Hours** | **Edit Punch** | **Enter Absence** | **Mobile User** |
| Hourly Employees |  |  |  |  |  |  |  |
| Non-Exempt Salary Employees |  |  |  |  |  |  |  |
| Exempt Salary Employees |  |  |  |  |  |  |  |