



# Letter of Intent

This letter of intent will allow Paylocity to add the following service to my account. I understand I may be required to provide some additional documentation in addition to this letter. This letter serves as an addendum and is incorporated as a part of the previously executed agreement.

Customer #	Company Name	Product/ Service	Implementation Fee	Base Fee	Per EE Fee	Billing Frequency	Number of EE's
9771	Village of Grayslake	WebTime	\$1500	N/A	\$3.00	Monthly	150

I understand that I will be billed for services (unless otherwise noted below) upon my next payroll. I will be contacted by someone from Paylocity regarding the implementation of this service.

**SERVICES:** Please indicate the Services selected by having an authorized signer initial in the space provided. CLIENT warrants that it has full power and authority to execute this Agreement and that it has chosen the Services initialed and has read and agreed to the Terms and Conditions for those Services contained in this Agreement.

ME Time and Attendance

CLIENT authorizes Paylocity to make available the services and software for time tracking and reporting. Monthly billing will commence after training has been completed. Client will be billed for the first month in full.

Company Name Village of Grayslake

Authorized Officer's Name Mike Ellis Title Village Manager  
Print

Authorized Officer's Signature OK [Signature] Date 1-18-17

District Manager's Name \_\_\_\_\_  
Print

Client Contact for this Project (Name, Phone & Email) BETTINA K. O'CONNELL  
Print (847)986-3220  
boconnell@villageofgrayslake.com



# Letter of Intent

This letter of intent will allow Paylocity to add the following service to my account. I understand I may be required to provide some additional documentation in addition to this letter. This letter serves as an addendum and is incorporated as a part of the previously executed agreement.

Customer #	Company Name	Product/ Service	Implementation Fee	Base Fee	Per EE Fee	Billing Frequency	Number of EE's
9771	Village of Grayslake	Accruals	\$200	\$10	N/A	Per Payroll	N/A

I understand that I will be billed for services (unless otherwise noted below) upon my next payroll. I will be contacted by someone from Paylocity regarding the implementation of this service.

SERVICES: Please indicate the Services selected by having an authorized signer initial in the space provided. CLIENT warrants that it has full power and authority to execute this Agreement and that it has chosen the Services initialed and has read and agreed to the Terms and Conditions for those Services contained in this Agreement.

\_\_\_\_ Vacation Accrual SICK, PERSONAL, COMP

CLIENT authorizes Paylocity to make available the Vacation Accrual solution

Company Name Village of Grayslake

Authorized Officer's Name Mike Ellis Title Village Manager  
Print

Authorized Officer's Signature *BR Mike Ellis* Date 2/14/17

District Manager's Name \_\_\_\_\_  
Print

Client Contact for this Project (Name, Phone & Email) BETTINA DCONNELL  
Print bconnell@villageofgrayslake.com  
(847)223-8515