BENEFITS AND DEDUCTIONS

BENEFITS AND DEDUCTIONS IN PAYROLL

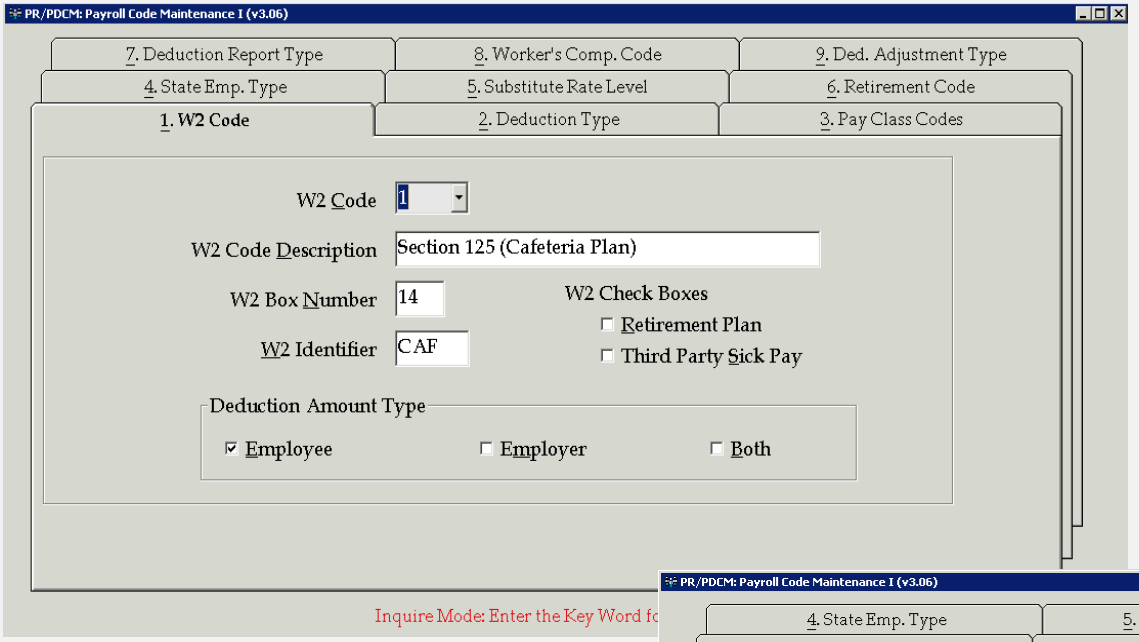
- Determine what payroll deductions your system will allow:
  - Establish benefits committee
    - Develop policy for accepting new payroll deductions
  - Mandatory Deductions
    - PEEHIP
      - Uploading monthly deductions
      - Reporting corrections
      - Balancing withholding
    - TRS
      - How to handle multiple tier status
      - Reconciling remittance
    - Garnishments
      - How to set up deduction for system calculation
    - Section 125 / Pre Tax Deductions
      - How to set up a tax sheltered deduction

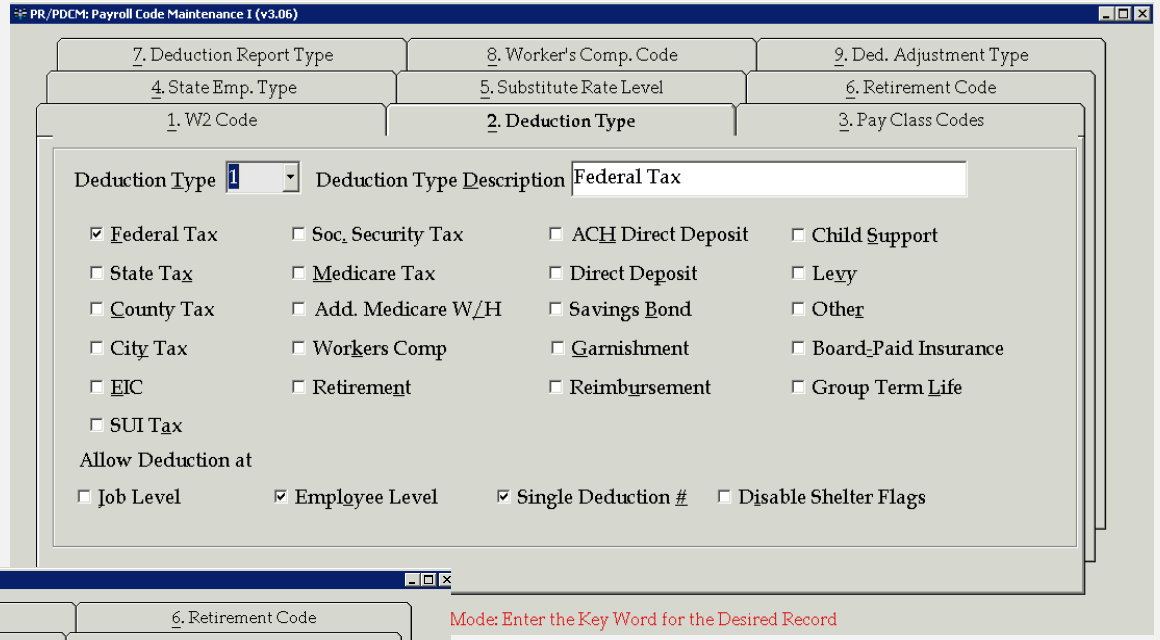
- Establish policy for implementing new voluntary payroll deductions
  - Excessive voluntary payroll deductions creates burden on monthly payroll processing

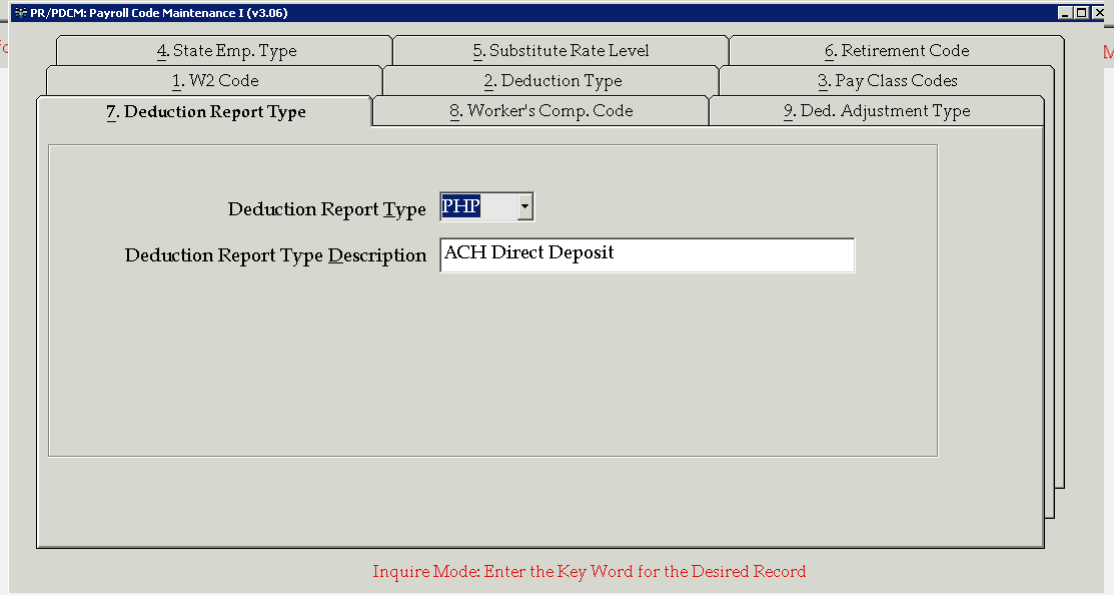
- Determine nature of new payroll deduction:
  - Standard deduction
  - Section 125 tax sheltered
  - Flexible spending
  - Dependent care
  - Garnishment
  - 403b / 457 retirement plan
  - Direct Deposit

PAYROLL CODE MAINTENANCE

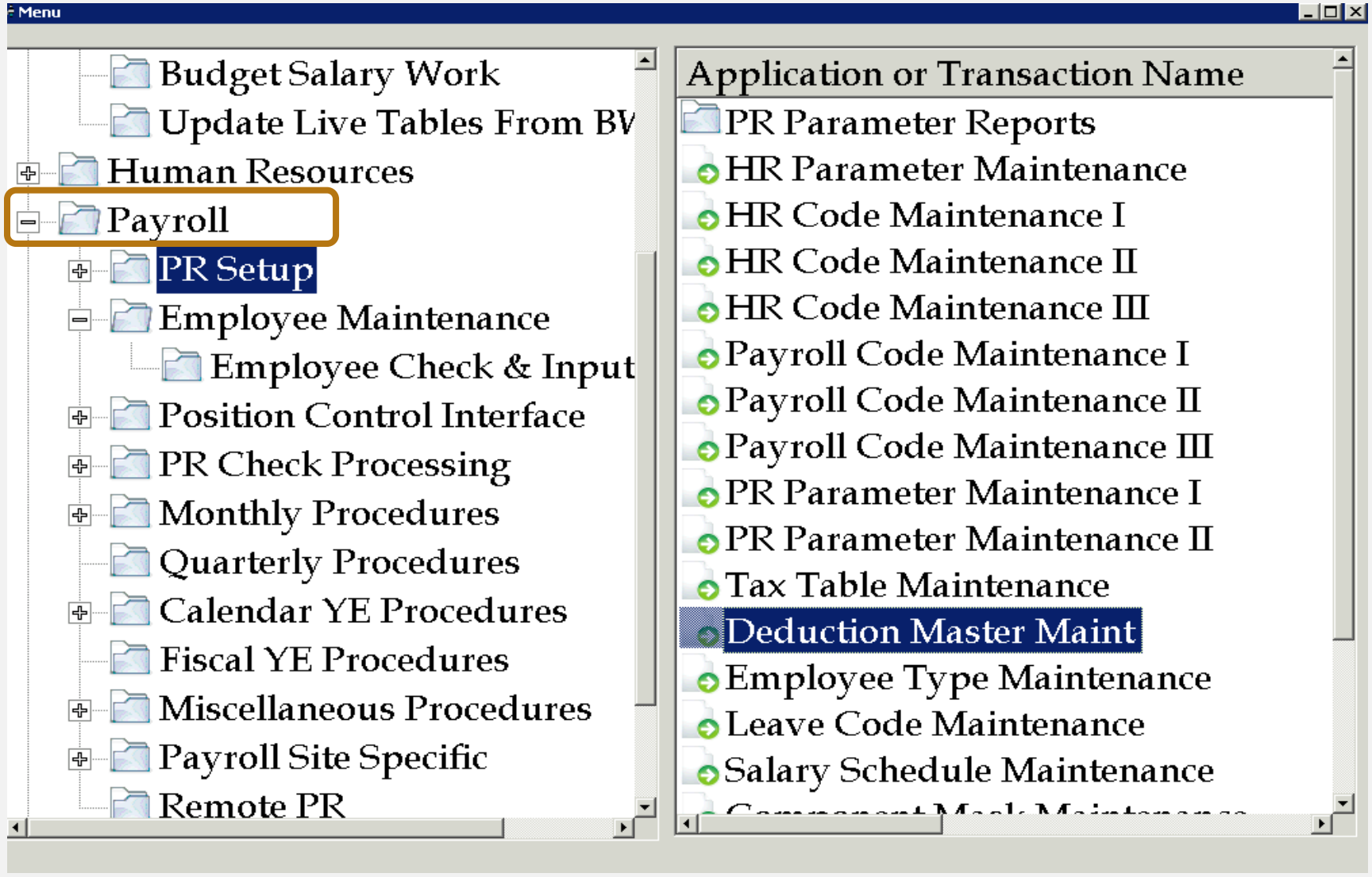
New deductions set up reference Tabs 1- W2 Code, 2 – Deduction Type and 7 – Deduction Report Type

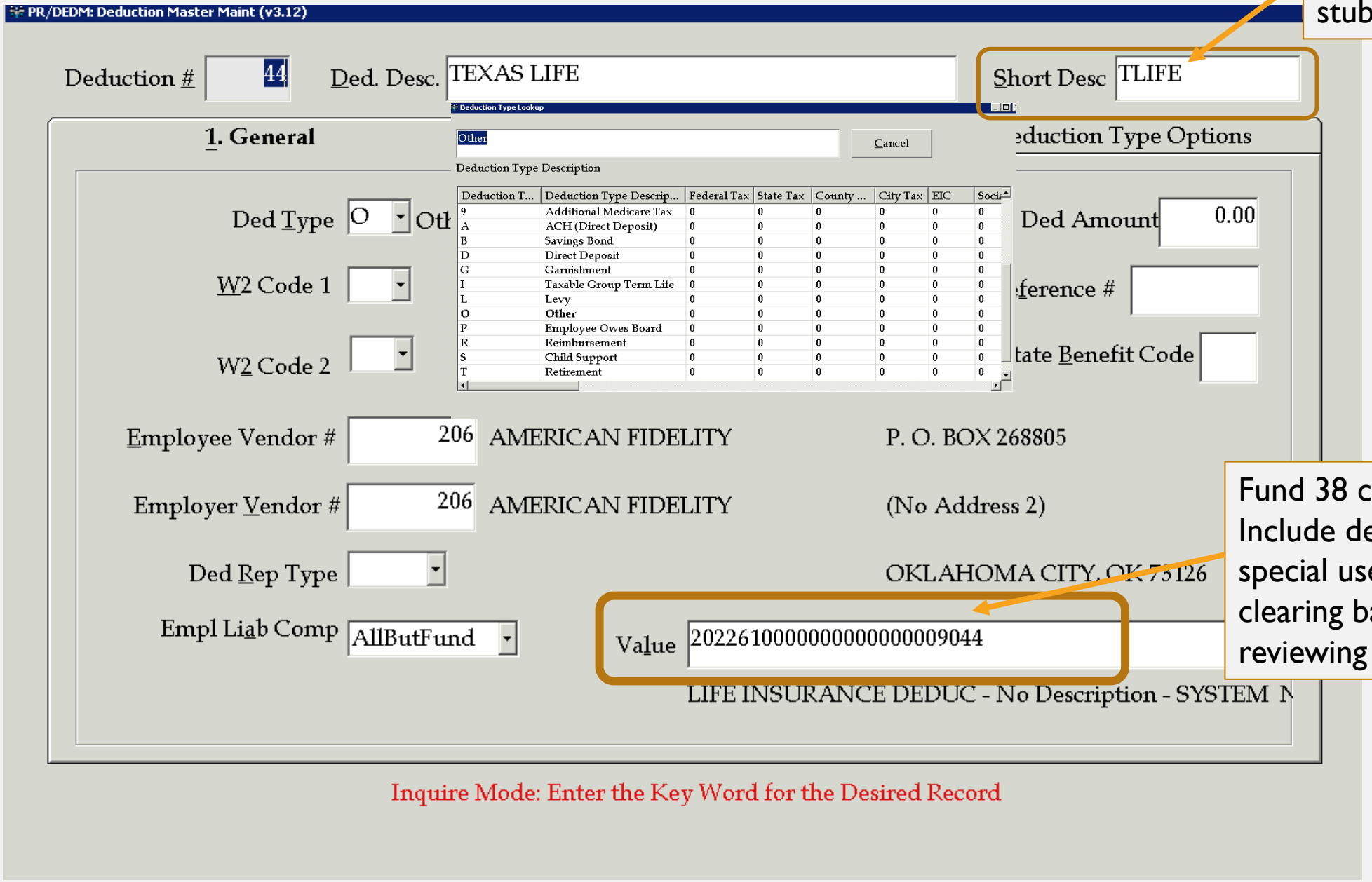






SETTING UP NEW DEDUCTIONS

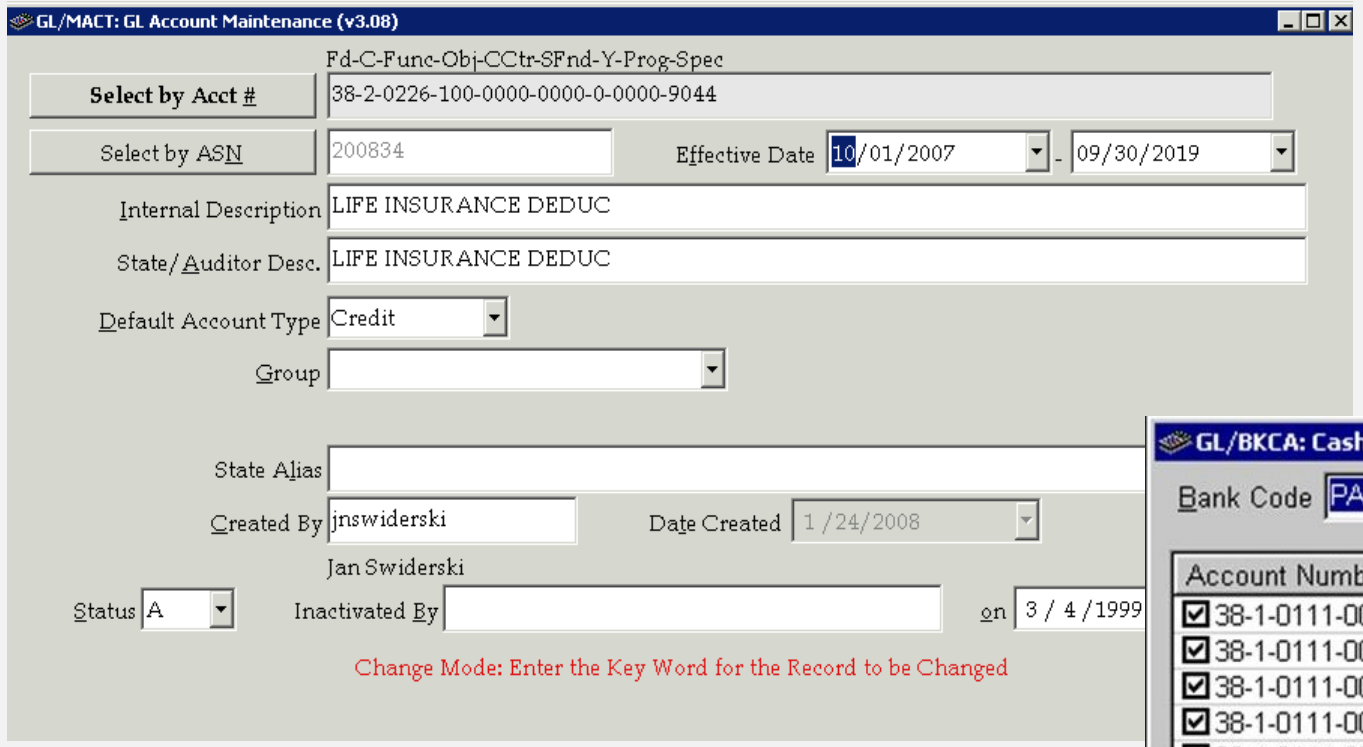


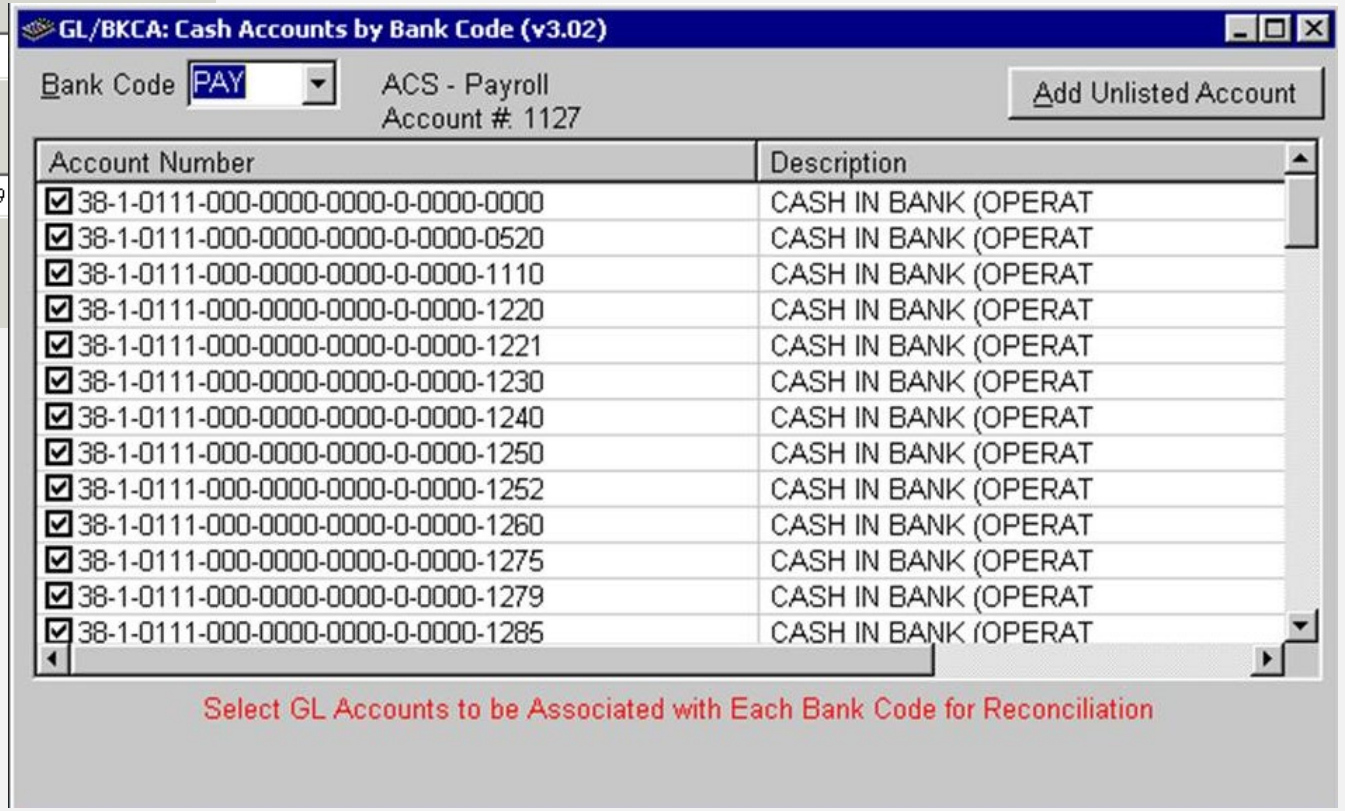


Description to print on check stub/remittance

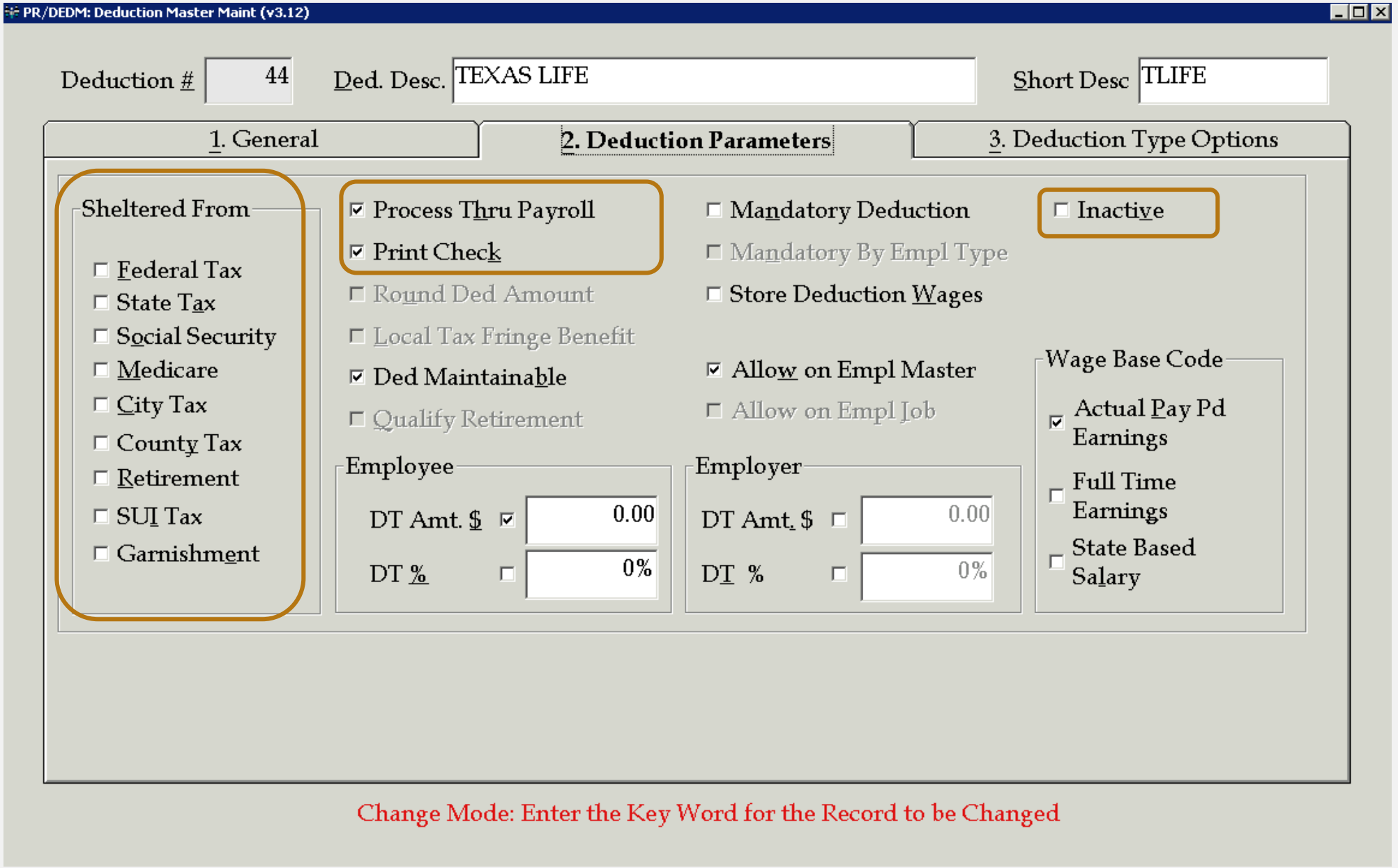
Fund 38 clearing account. Include deduction # in special use code to aide in clearing balances when reviewing trial balances

When adding new accounts and creating new clearing accounts, you must first add the clearing account in budgetary under gl account maintenance and connect to the payroll bank code.





STANDARD DEDUCTION



PR/DEDM: Deduction Master Maint (v3.12)

Deduction # 44 Ded. Desc. TEXAS LIFE Short Desc TLIFE

1. General | 2. Deduction Parameters | **3. Deduction Type Options**

Employer Liability Comp | Value

Employer Expense Comp | Value

And | Value

When | Contains

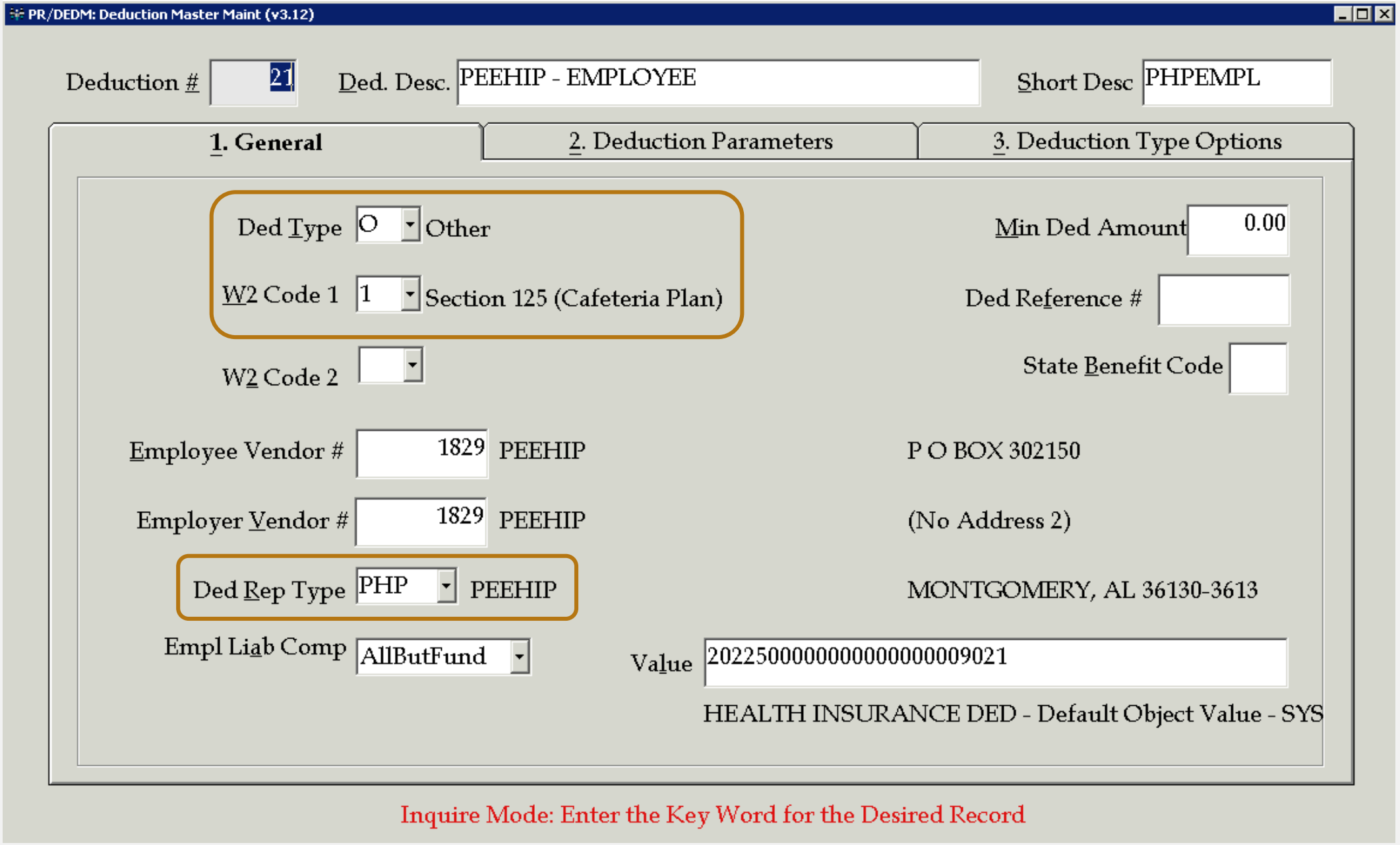
Empl Ded. Limit 0.00 Empl Wage Limit 0.00 Empr Wage Limit 0.00 Garn. % 0

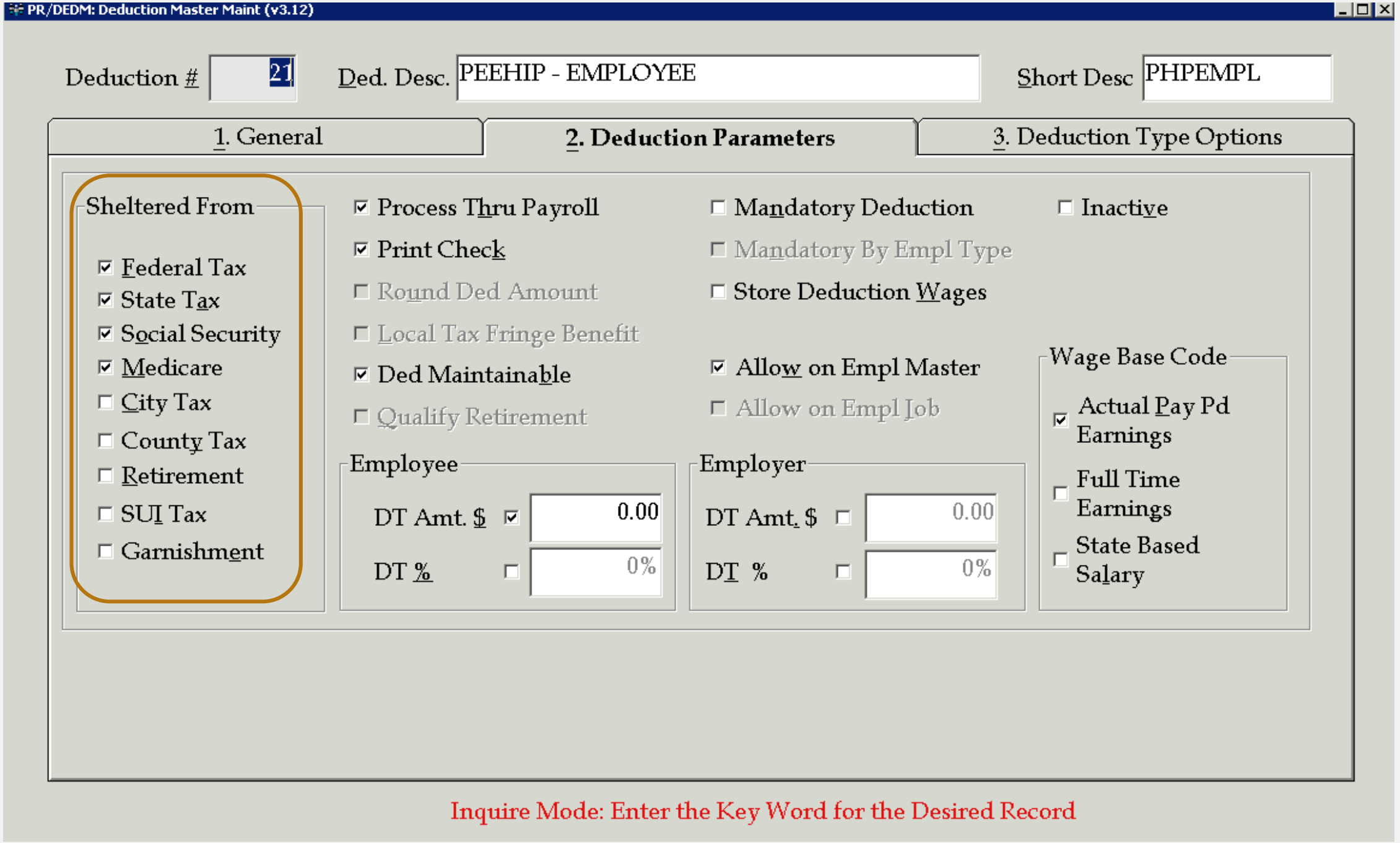
Minimum Amt 0 Minimum Hrs 0 Bond Denom 0 Bond Price 0

Premium Cost Per $1000 0 DFI Account 00000000 Retire Code

Change Mode: Enter the Key Word for the Record to be Changed

SECTION 125 TAX SHELTERED/FLEX SPENDING DEDUCTIONS




PR/DEDM: Deduction Master Maint (v3.12)
Deduction # 21
Ded. Desc. PEEHIP - EMPLOYEE
Short Desc PHPEMPL
1. General
2. Deduction Parameters
3. Deduction Type Options
Sheltered From
Federal Tax
State Tax
Social Security
Medicare
City Tax
County Tax
Retirement
SUI Tax
Garnishment
Process Thru Payroll
Print Check
Round Ded Amount
Local Tax Fringe Benefit
Ded Maintainable
Qualify Retirement
Mandatory Deduction
Mandatory By Empl Type
Store Deduction Wages
Allow on Empl Master
Allow on Empl Job
Inactive
Employee
DT Amt. $ 0.00
DT % 0%
Employer
DT Amt. $ 0.00
DT % 0%
Wage Base Code
Actual Pay Pd Earnings
Full Time Earnings
State Based Salary
Inquire Mode: Enter the Key Word for the Desired Record

PR/DEDM: Deduction Master Maint (v3.12)

Deduction # 21 Ded. Desc. PEEHIP - EMPLOYEE Short Desc PHPEMPL

1. General | 2. Deduction Parameters | **3. Deduction Type Options**

Employer Liability Comp — Value

Employer Expense Comp — Value

And — Value

When — Contains

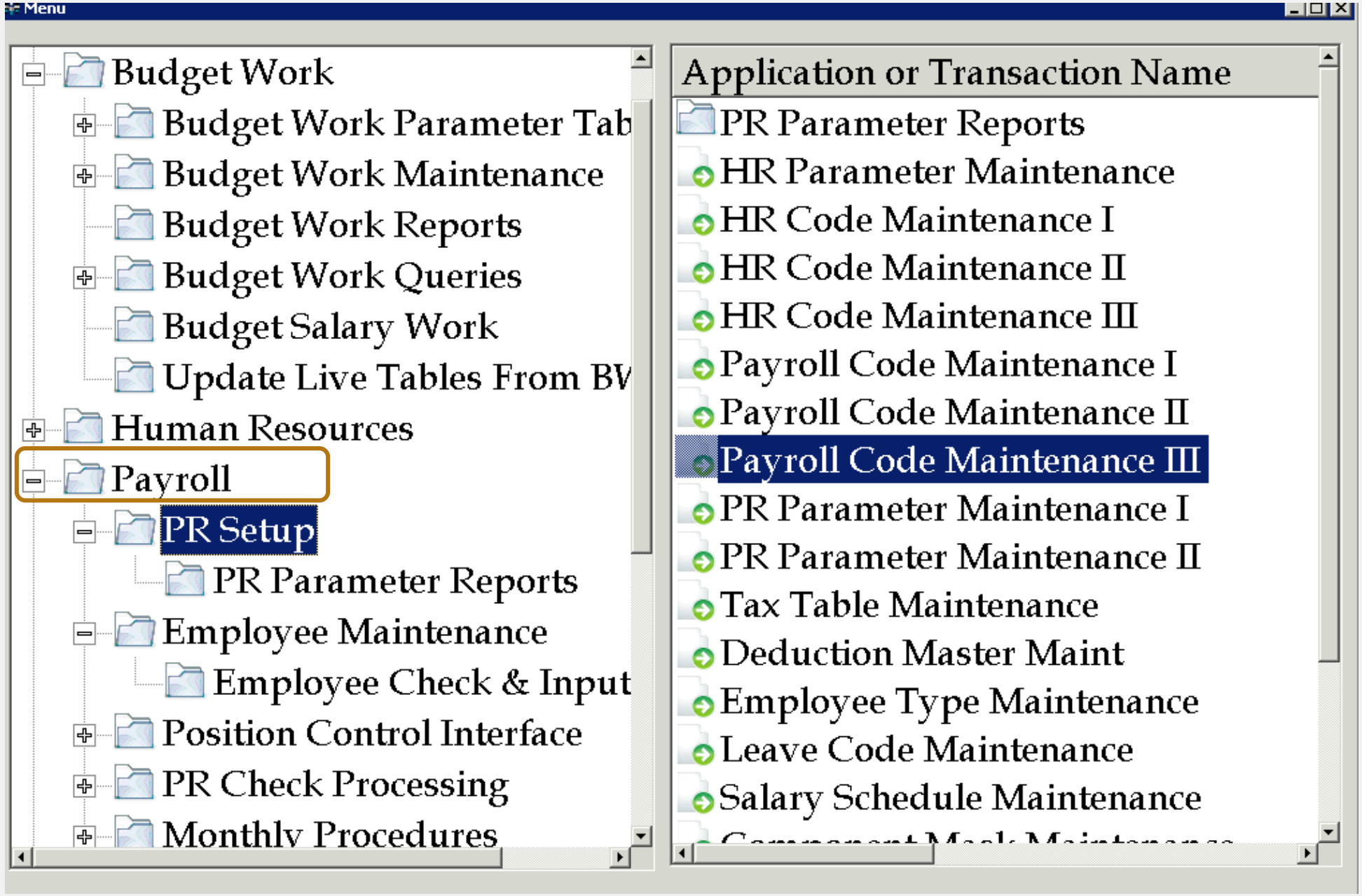
Empl Ded. Limit 0.00 Empl Wage Limit 0.00 Empr Wage Limit 0.00 Garn. % 0%

Minimum Amt 0.00 Minimum Hrs 0 Bond Denom 0.00 Bond Price 0.00

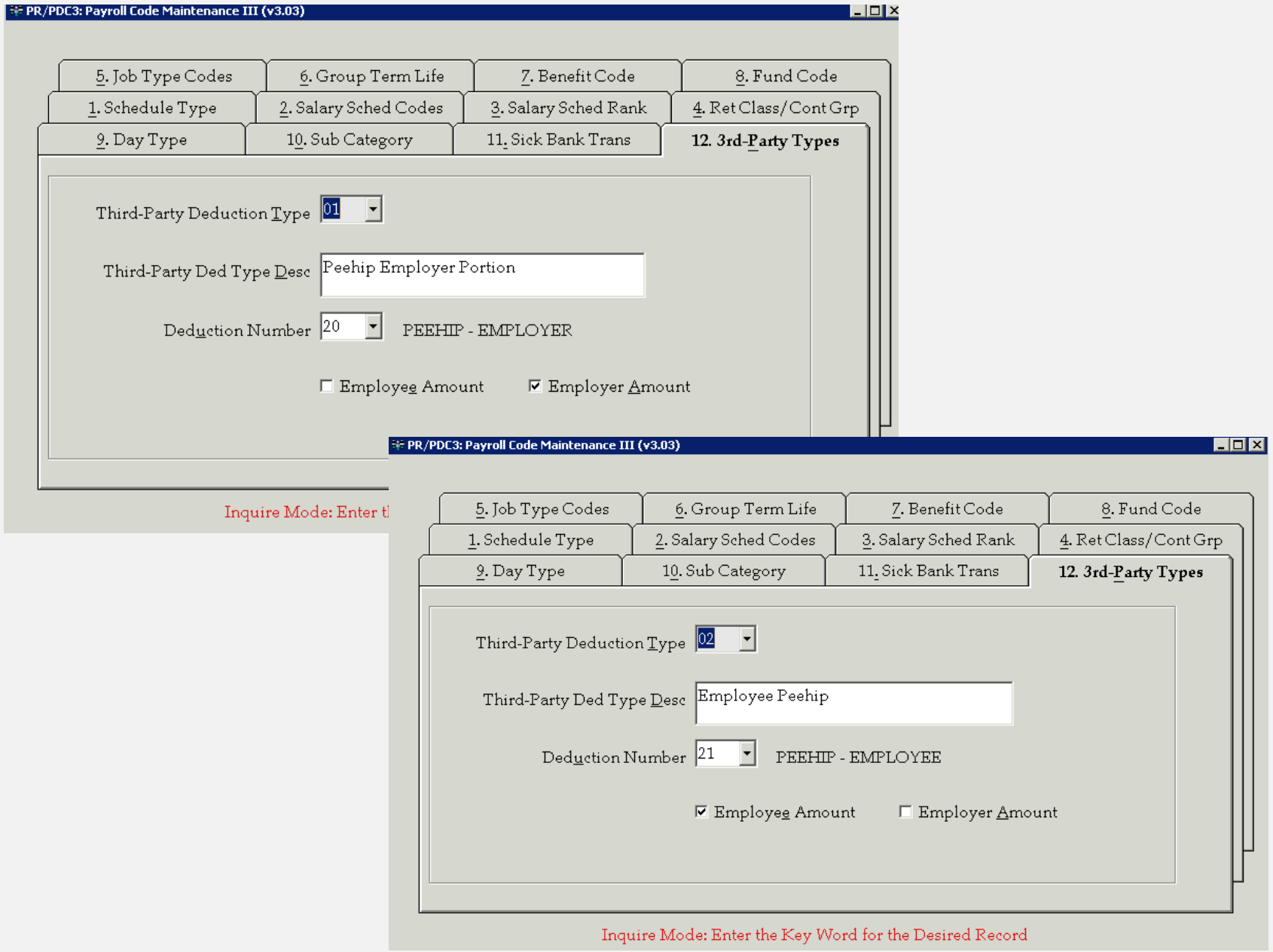
Premium Cost Per $1000 0.00 DFI Account 00000000 Retire Code

Inquire Mode: Enter the Key Word for the Desired Record

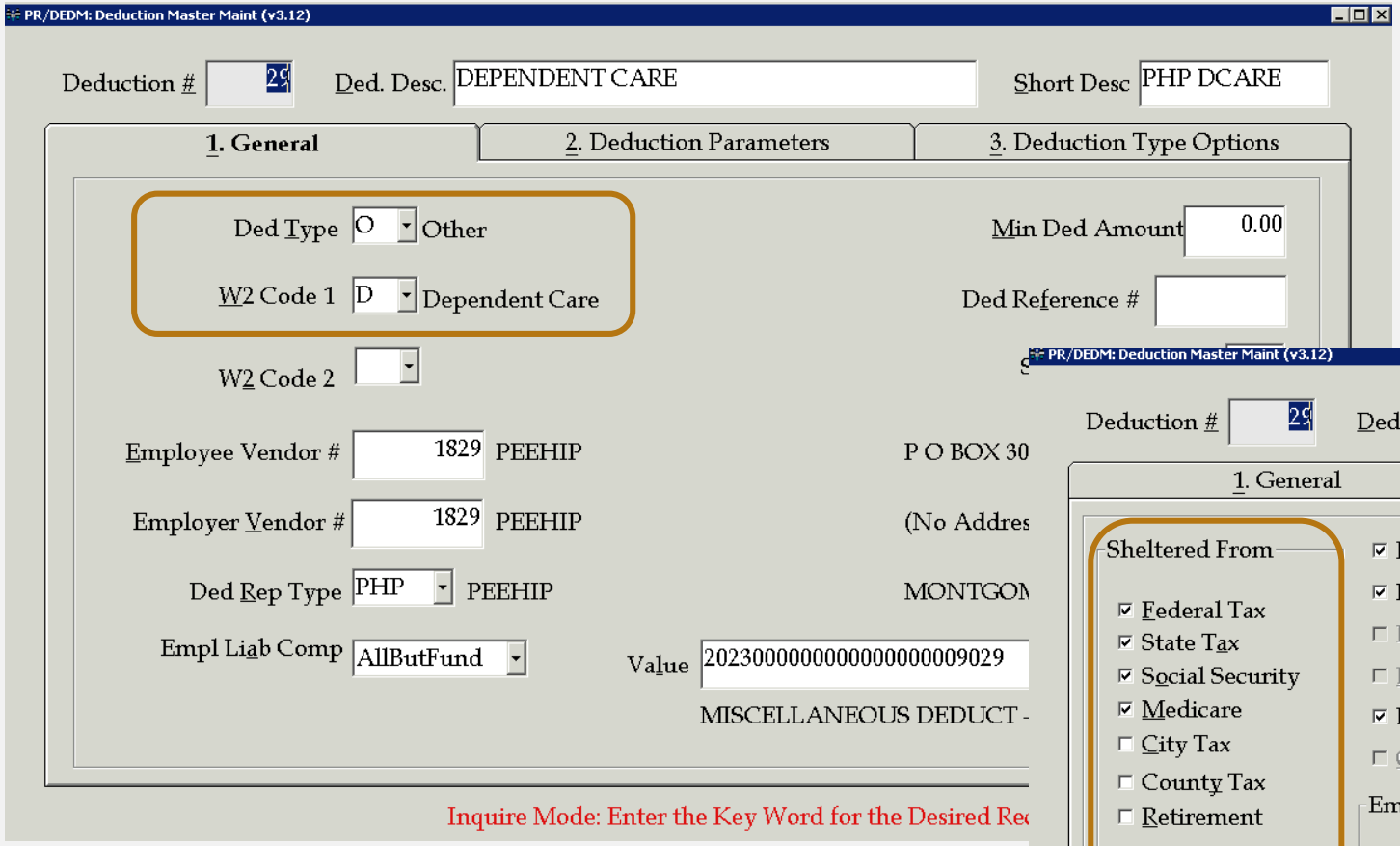
When adding new PEEHIP deductions you must map the PEEHIP interface file to the corresponding Nextgen deduction.

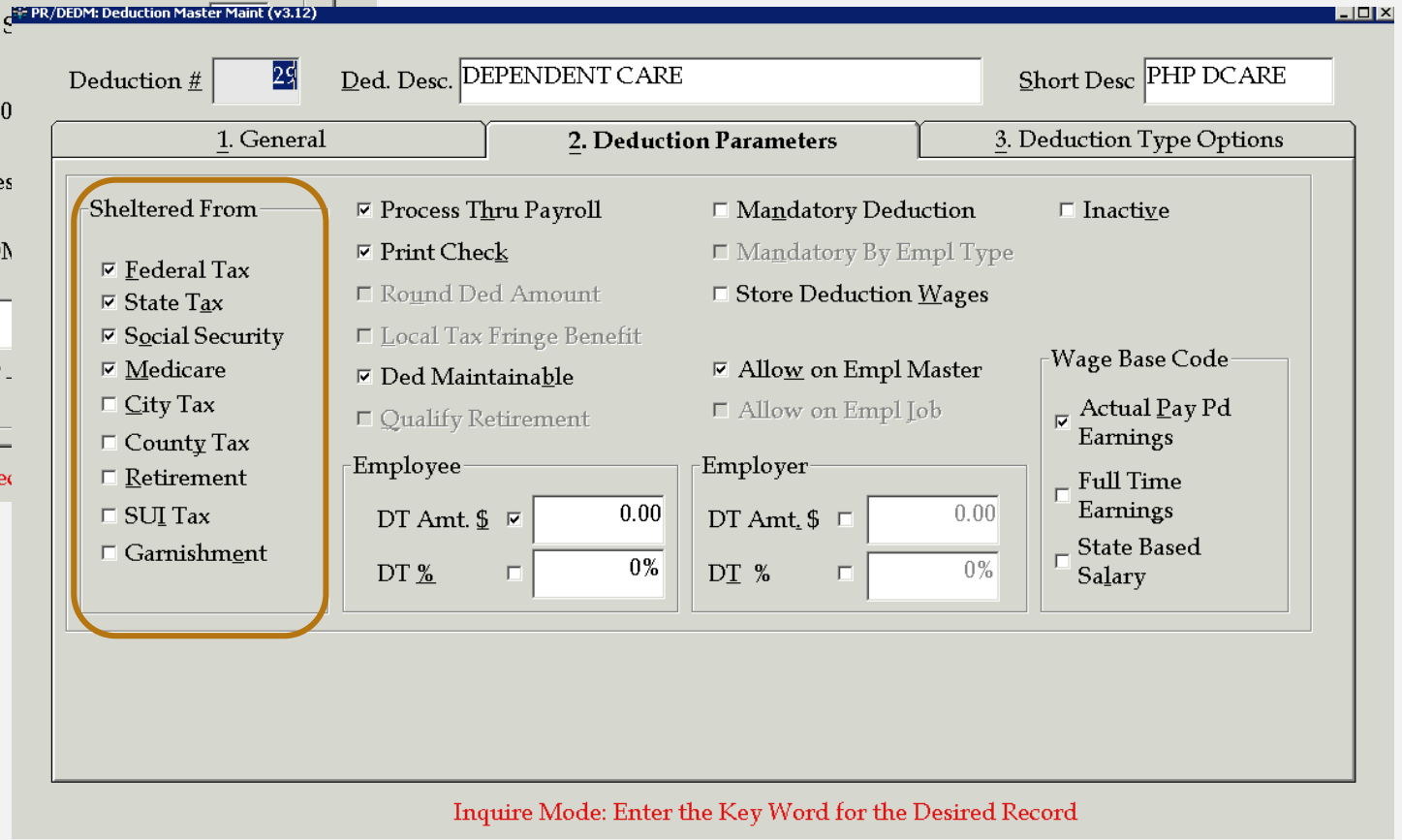


,Auburn City Board of Education,TAUB,08-01-2018,08-31-2018,07-05-2018,967
M,01,101502834,800.00,101502834
M,02,101502834,30.00,101502834
M,03,101502834,0.00,101502834
M,04,101502834,0.00,101502834
M,05,101502834,0.00,101502834
M,06,101502834,38.00,101502834
M,07,101502834,0.00,101502834
M,08,101502834,0.00,101502834
M,09,101502834,0.00,101502834
M,10,101502834,0.00,101502834
M,11,101502834,0.00,101502834
M,01,111865105,800.00,111865105
M,02,111865105,0.00,111865105
M,03,111865105,0.00,111865105
M,04,111865105,0.00,111865105
M,05,111865105,0.00,111865105
M,06,111865105,0.00,111865105
M,07,111865105,0.00,111865105
M,08,111865105,0.00,111865105
M,09,111865105,0.00,111865105
M,10,111865105,0.00,111865105
M,11,111865105,0.00,111865105

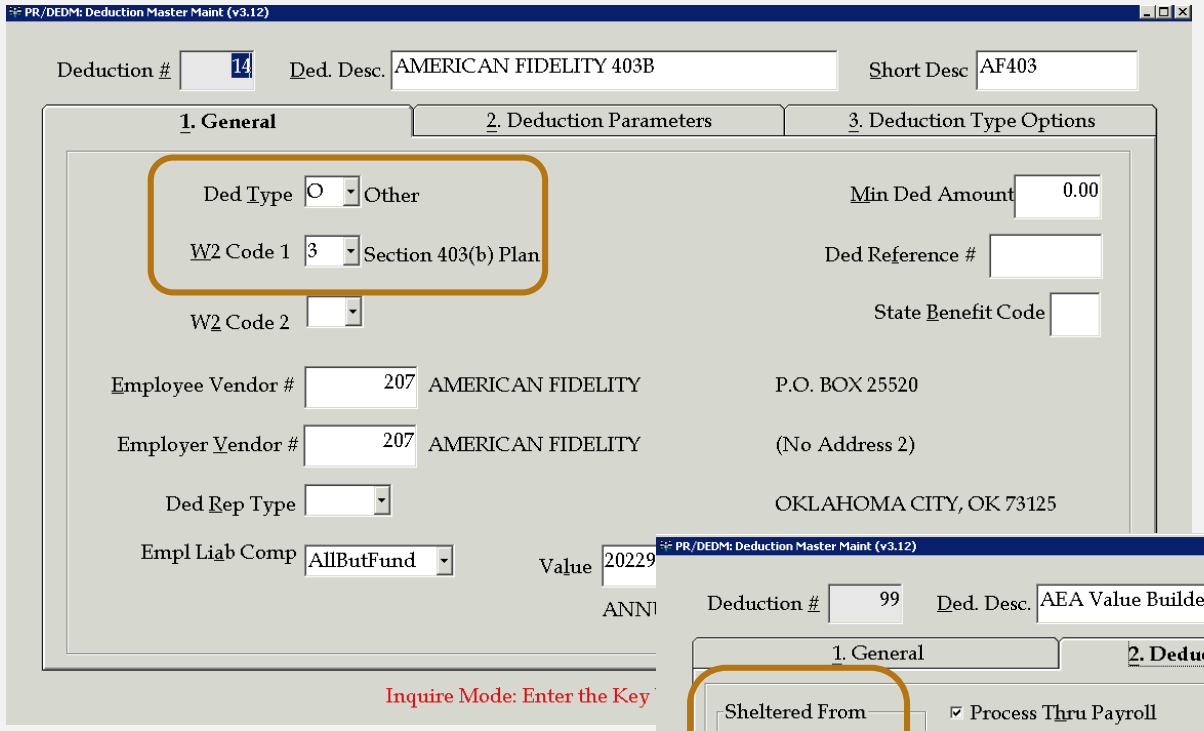


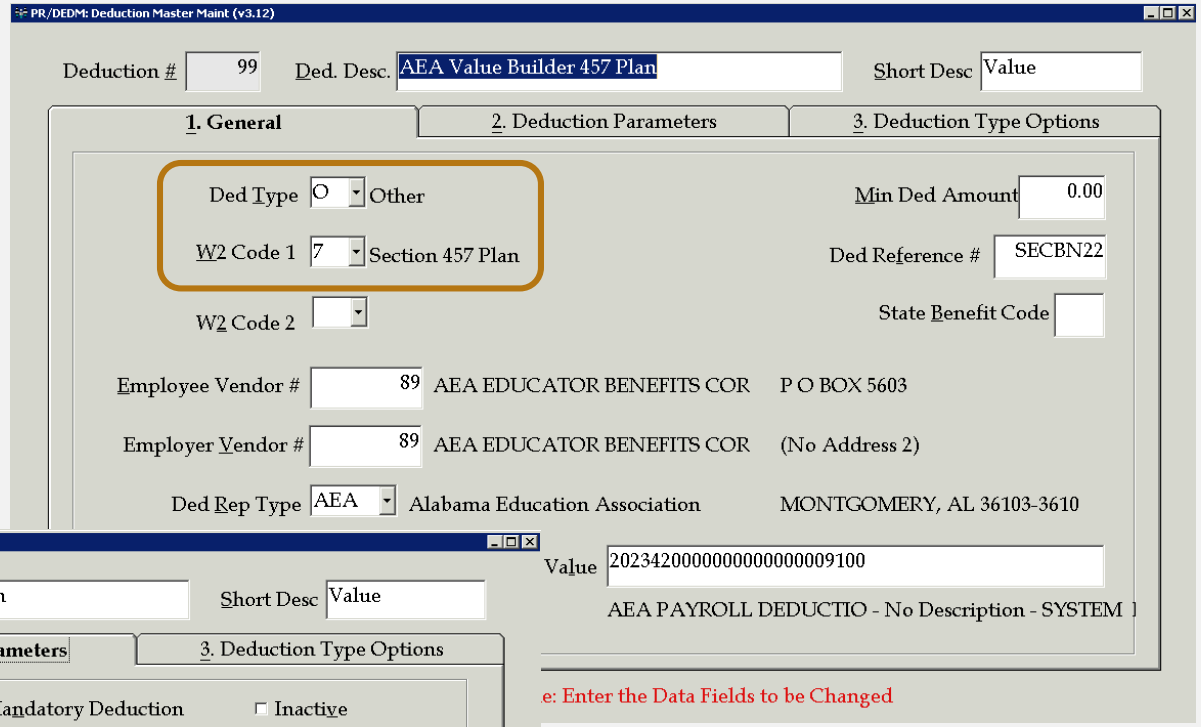
DEPENDENT CARE DEDUCTIONS

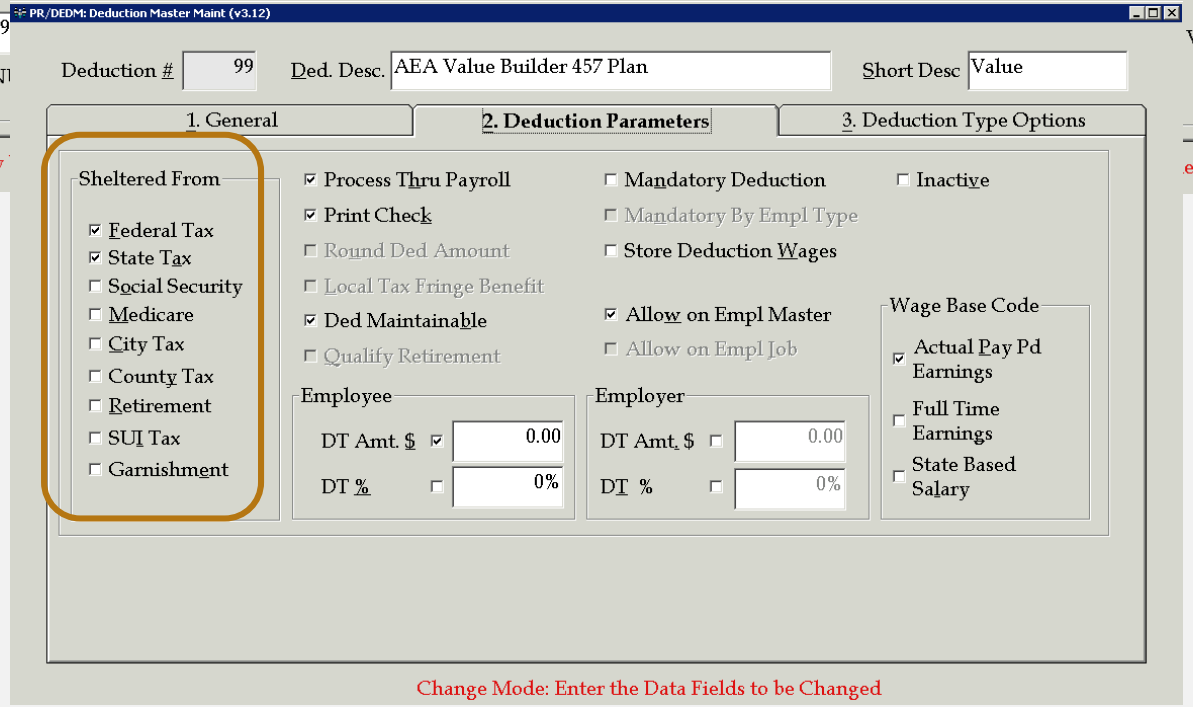




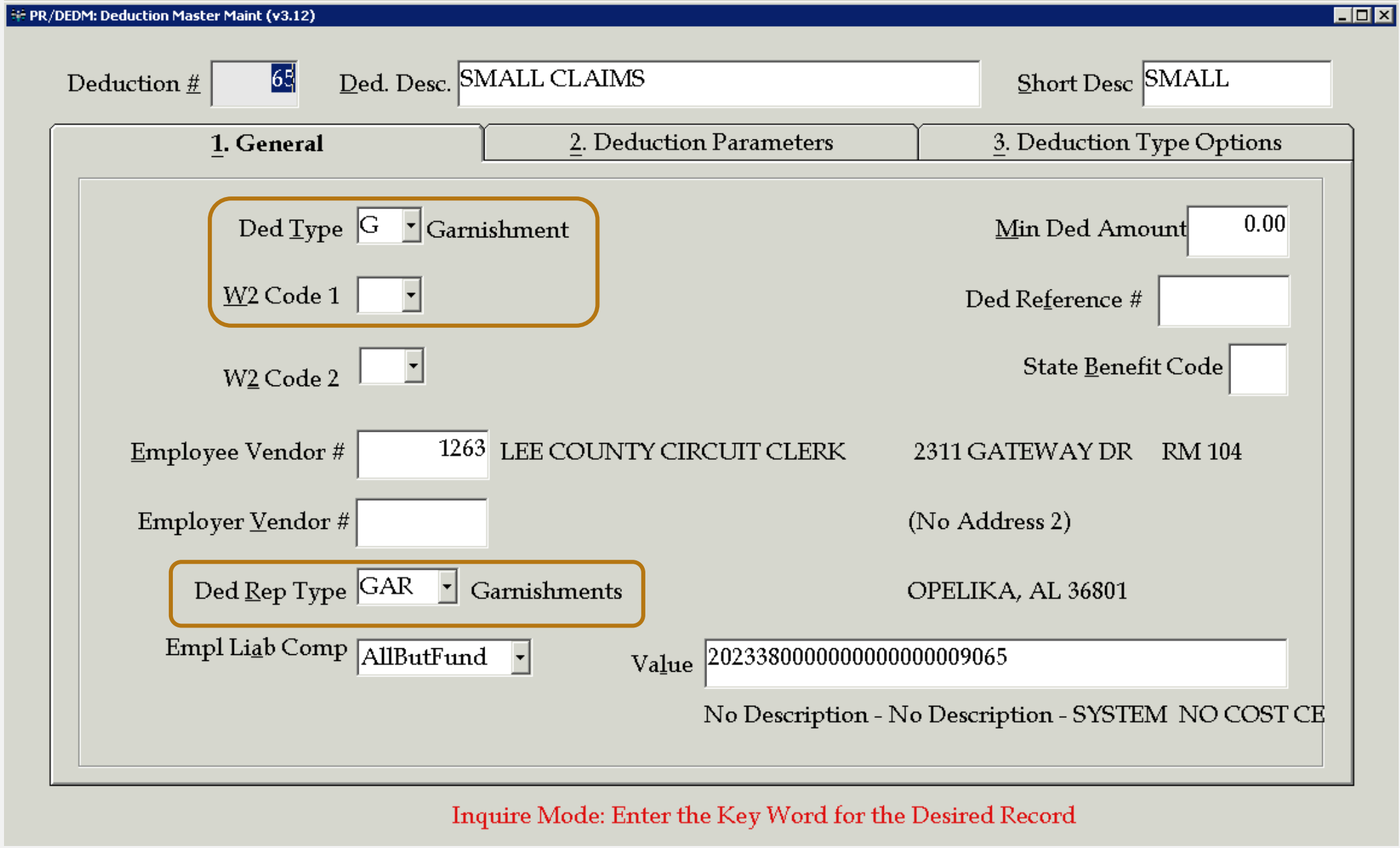
403B / 457 DEDUCTIONS







GARNISHMENT DEDUCTIONS



PR/DEDM: Deduction Master Maint (v3.12)

Deduction # 65 Ded. Desc. SMALL CLAIMS Short Desc SMALL

1. General | 2. Deduction Parameters | 3. Deduction Type Options

Sheltered From

- [ ] Federal Tax
- [ ] State Tax
- [ ] Social Security
- [ ] Medicare
- [ ] City Tax
- [ ] County Tax
- [ ] Retirement
- [ ] SUI Tax
- [ ] Garnishment

- [x] Process Thru Payroll
- [x] Print Check
- [ ] Round Ded Amount
- [ ] Local Tax Fringe Benefit
- [x] Ded Maintainable
- [ ] Qualify Retirement

- [ ] Mandatory Deduction
- [ ] Mandatory By Empl Type
- [ ] Store Deduction Wages

- [x] Allow on Empl Master
- [ ] Allow on Empl Job

- [ ] Inactive

Employee

DT Amt. $ [x] 0.00

DT % [ ] 0%

Employer

DT Amt. $ [ ] 0.00

DT % [ ] 0%

Wage Base Code

- [x] Actual Pay Pd Earnings
- [ ] Full Time Earnings
- [ ] State Based Salary

Inquire Mode: Enter the Key Word for the Desired Record

PR/DEDM: Deduction Master Maint (v3.12)

Deduction # 65 Ded. Desc. SMALL CLAIMS Short Desc SMALL

1. General | 2. Deduction Parameters | **3. Deduction Type Options**

Employer Liability Comp — Value

Employer Expense Comp — Value

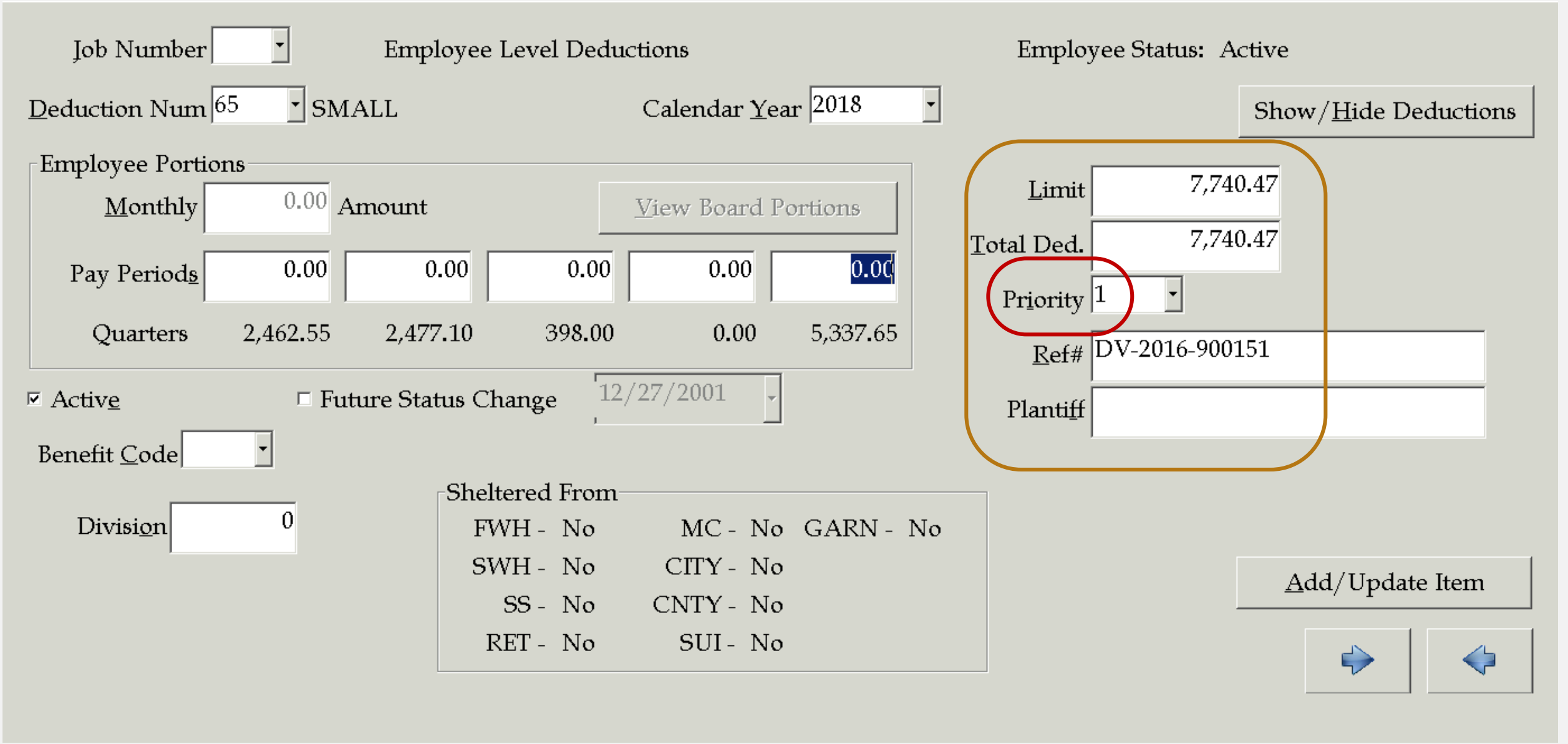
And — Value

When — Contains

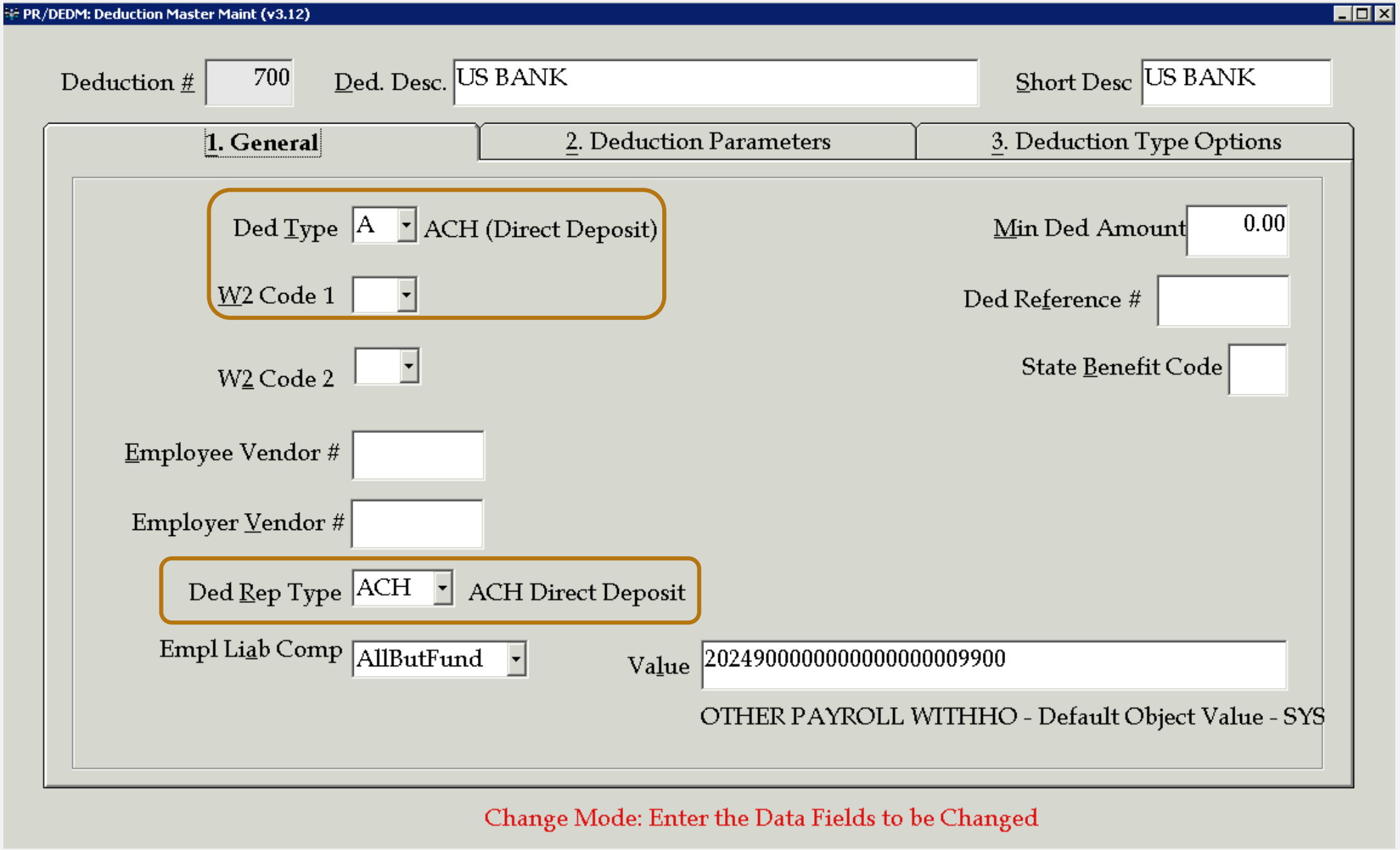
Empl Ded. Limit	0.00	Empl Wage Limit	0.00	Empr Wage Limit	0.00	Garn. %	25%
Minimum Amt	7.25	Minimum Hrs	30	Bond Denom	0.00	Bond Price	0.00
Premium Cost Per $1000	0.00	DFI Account	00000000	Retire Code			

Inquire Mode: Enter the Key Word for the Desired Record

Adding deduction to employee record:



DIRECT DEPOSIT ACCOUNTS



PR/DEDM: Deduction Master Maint (v3.12)

Deduction # 700 Ded. Desc. US BANK Short Desc US BANK

1. General | 2. Deduction Parameters | 3. Deduction Type Options

Sheltered From
- [ ] Federal Tax
- [ ] State Tax
- [ ] Social Security
- [ ] Medicare
- [ ] City Tax
- [ ] County Tax
- [ ] Retirement
- [ ] SUI Tax
- [ ] Garnishment

- [x] Process Thru Payroll
- [ ] Print Check
- [ ] Round Ded Amount
- [ ] Local Tax Fringe Benefit
- [x] Ded Maintainable
- [ ] Qualify Retirement

- [ ] Mandatory Deduction
- [ ] Mandatory By Empl Type
- [ ] Store Deduction Wages

- [ ] Inactive

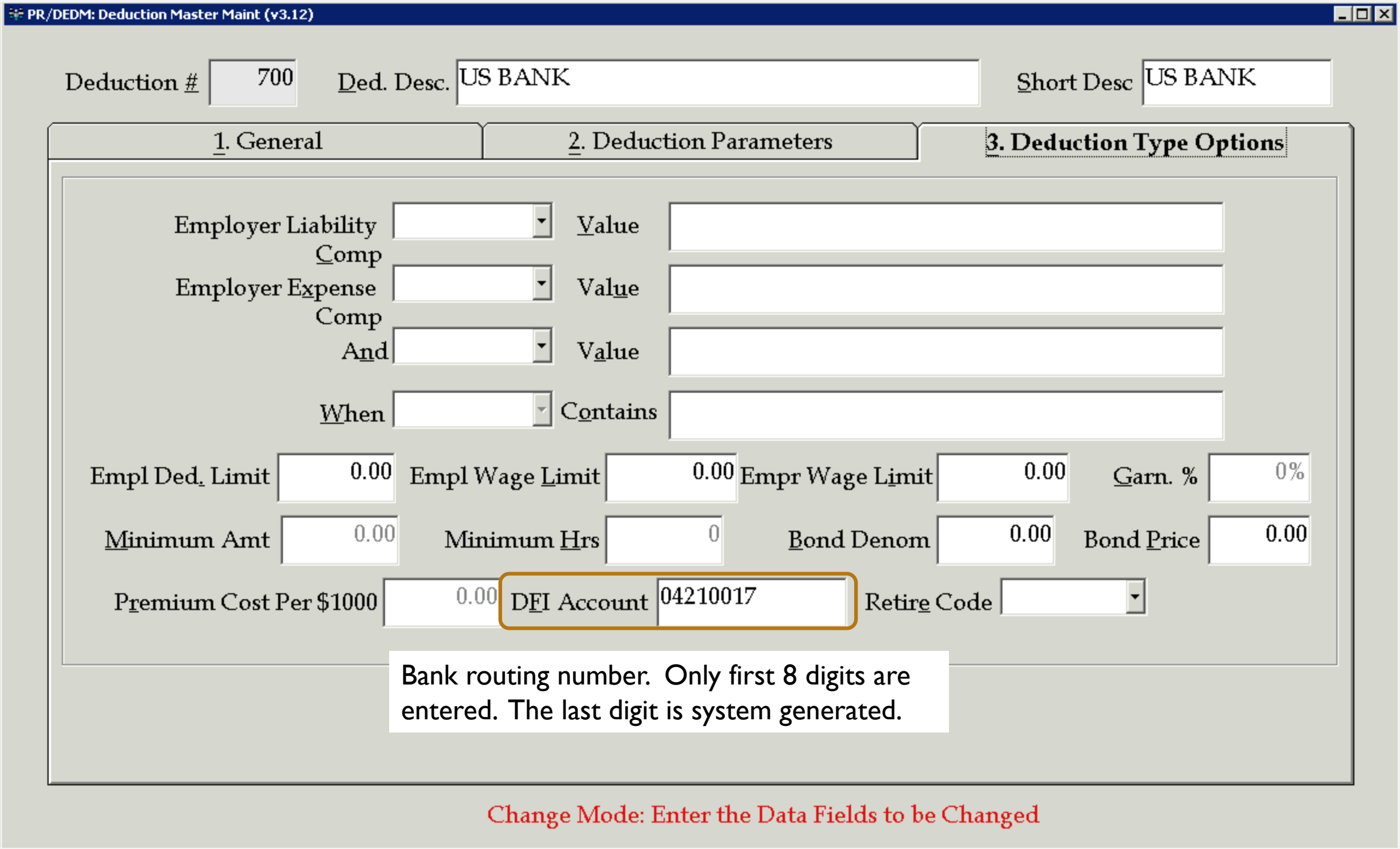
- [x] Allow on Empl Master
- [ ] Allow on Empl Job

Employee
- DT Amt. $ [x] 0.00
- DT % [ ] 0%

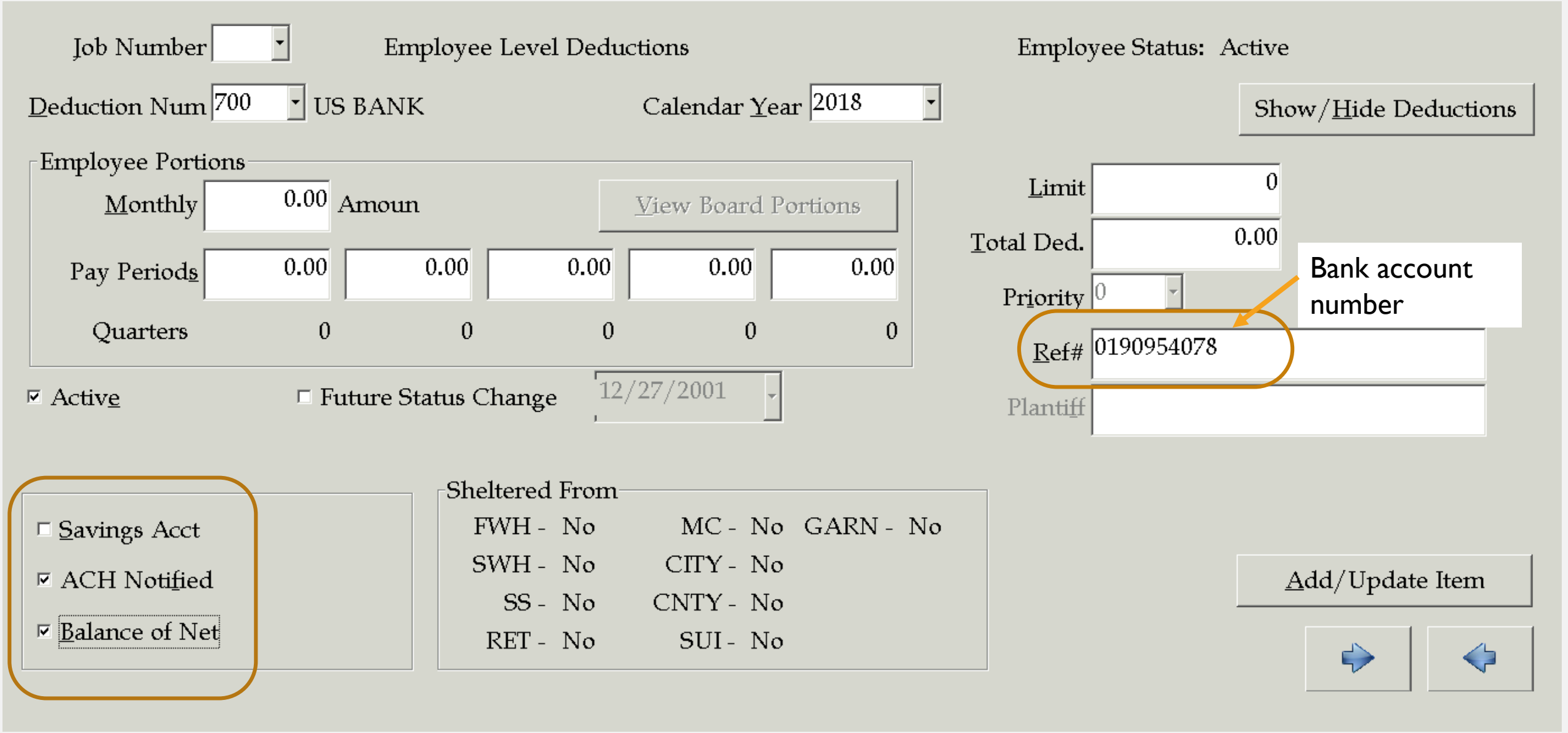
Employer
- DT Amt. $ [ ] 0.00
- DT % [ ] 0%

Wage Base Code
- [x] Actual Pay Pd Earnings
- [ ] Full Time Earnings
- [ ] State Based Salary

Change Mode: Enter the Data Fields to be Changed

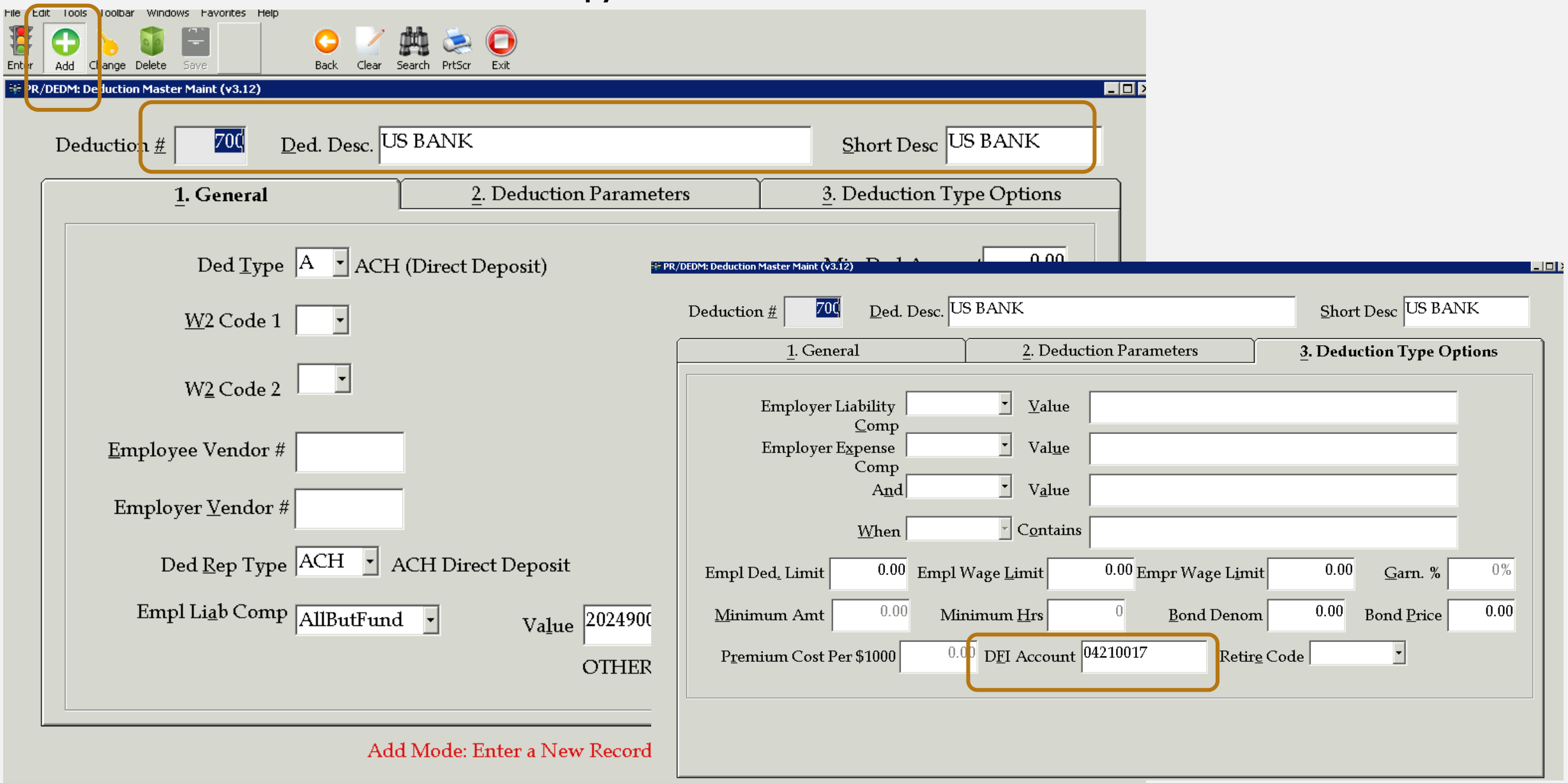

PR/DEDM: Deduction Master Maint (v3.12)
Deduction # 700
Ded. Desc. US BANK
Short Desc US BANK
1. General
2. Deduction Parameters
3. Deduction Type Options
Employer Liability Comp
Value
Employer Expense Comp
Value
And
Value
When
Contains
Empl Ded. Limit 0.00
Empl Wage Limit 0.00
Empr Wage Limit 0.00
Garn. % 0%
Minimum Amt 0.00
Minimum Hrs 0
Bond Denom 0.00
Bond Price 0.00
Premium Cost Per $1000 0.00
DFI Account 04210017
Retire Code
Bank routing number. Only first 8 digits are entered. The last digit is system generated.
Change Mode: Enter the Data Fields to be Changed

Adding direct deposit to employee record:



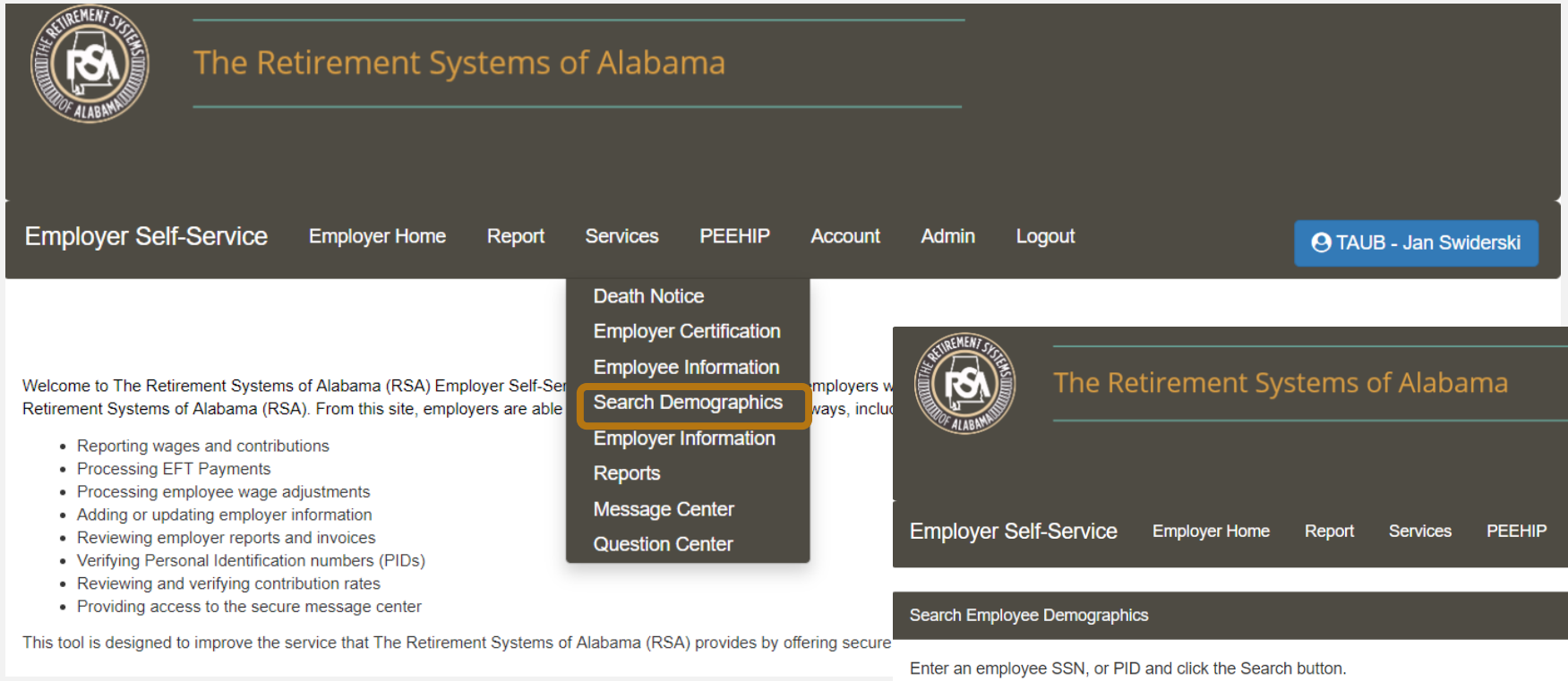
Best way to add a new account:

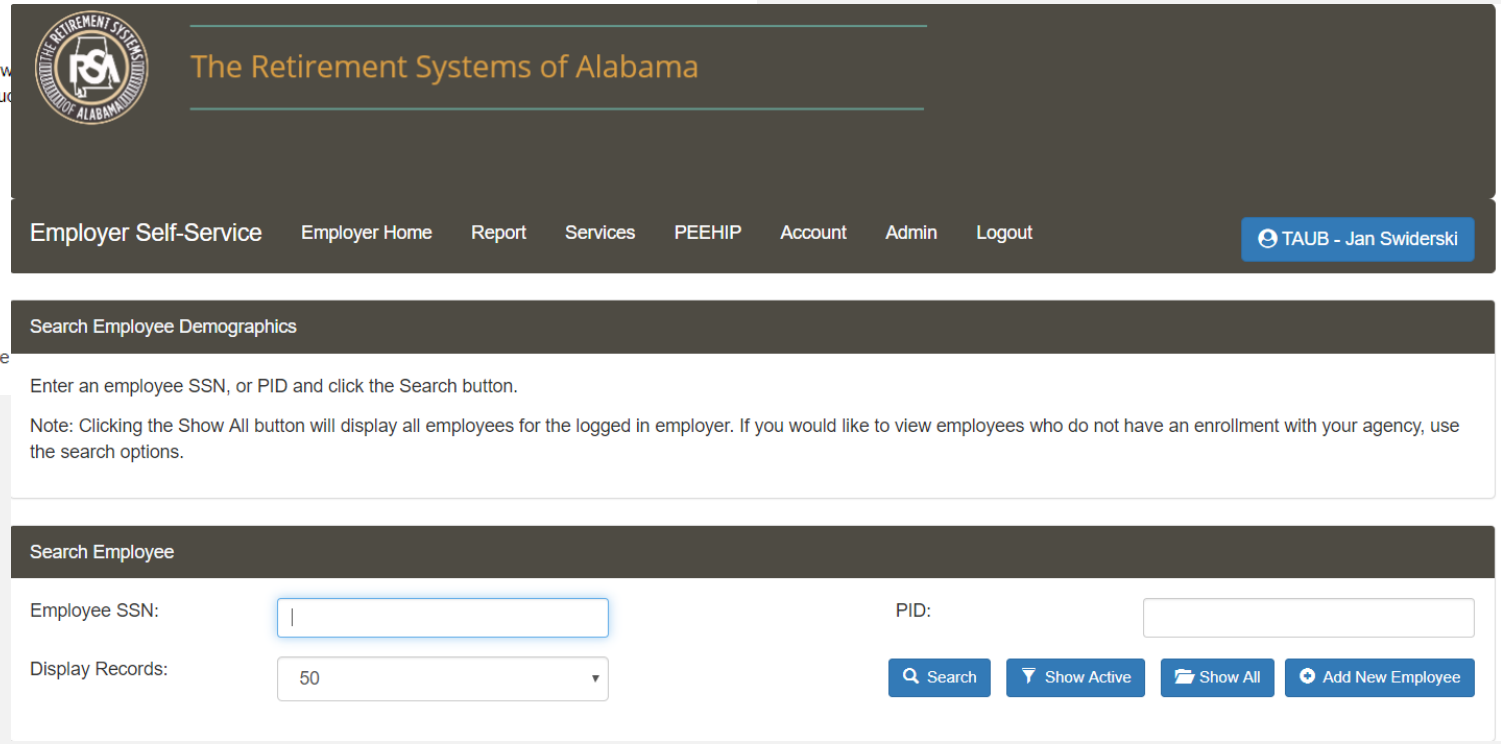
Find a similar deduction and copy it!



MANUALLY ADDING EMPLOYEE

https://ess.rsa-al.gov





Search Employee

Employee SSN: [redacted]

PID:

Display Records: 50

Search | Show Active | Show All | Add New Employee

Search Details

Action	Last Name	First Name	Birth Date	Employer
Maintain	SWIDERSKI	ELIZABETH	01/06/1994	

Maintain

- Demographics
- Enrollments

Page Number: 1 Of 1

Next

Enrollment LOA and Work Units History Validation Errors

There are no validation errors found for this enrollment record.

Add/Edit Enrollments

Personal Information

First Name:	ELIZABETH	**SSN:**	XXX-XX-0610
Middle Name:	P	**PID:**	XXXXXXXX
Last Name:	SWIDERSKI	**Current Tier/Group:**	
Suffix:			

Employee Details

Action	Contribution Group	Employer	Position Status	LOA Status	LOA Status Effective Date	Enrollment Begin Date	Enrollment End Date	Enrollment End Reason
No records to display.								

LOA Status History

Action	LOA Status Effective Date	LOA Status *
No records to display.		

Enrollment Work Units History

Action	Scheduled Units Effective Date	Scheduled Units to Work per week *	Scheduled Full Time Units per week *	Scheduled Type of Units Worked *	Units Annually Contracted to Work	Number of Months Paid
No records to display.						

Back

Add New Enrollment

Enrollment Validation Errors

Current Tier/Group:

Employer: * TAUB - AUBURN CITY BOI

Retirement Plan: * Select Retirement Plan

- Select Retirement Plan
- TRS T2 CONT FLC
- TRS T2 CONT Regular
- TRS NONP FLC
- TRS NONP Regular

Contribution Group: *

Position Status: *

Scheduled Units Effective Date: *

Scheduled Units to Work per week: *

Scheduled Type of Units Worked: * Select Scheduled Type of U

Scheduled Full Time Units per week: *

Payroll Frequency: * Select Payroll Frequency

Units Annually Contracted to Work: *

Number of Months Paid: * Select Reporting Periods

Enrollment Begin Date: *

Enrollment End Date:

Enrollment End Reason: Select Enrollment End Rea

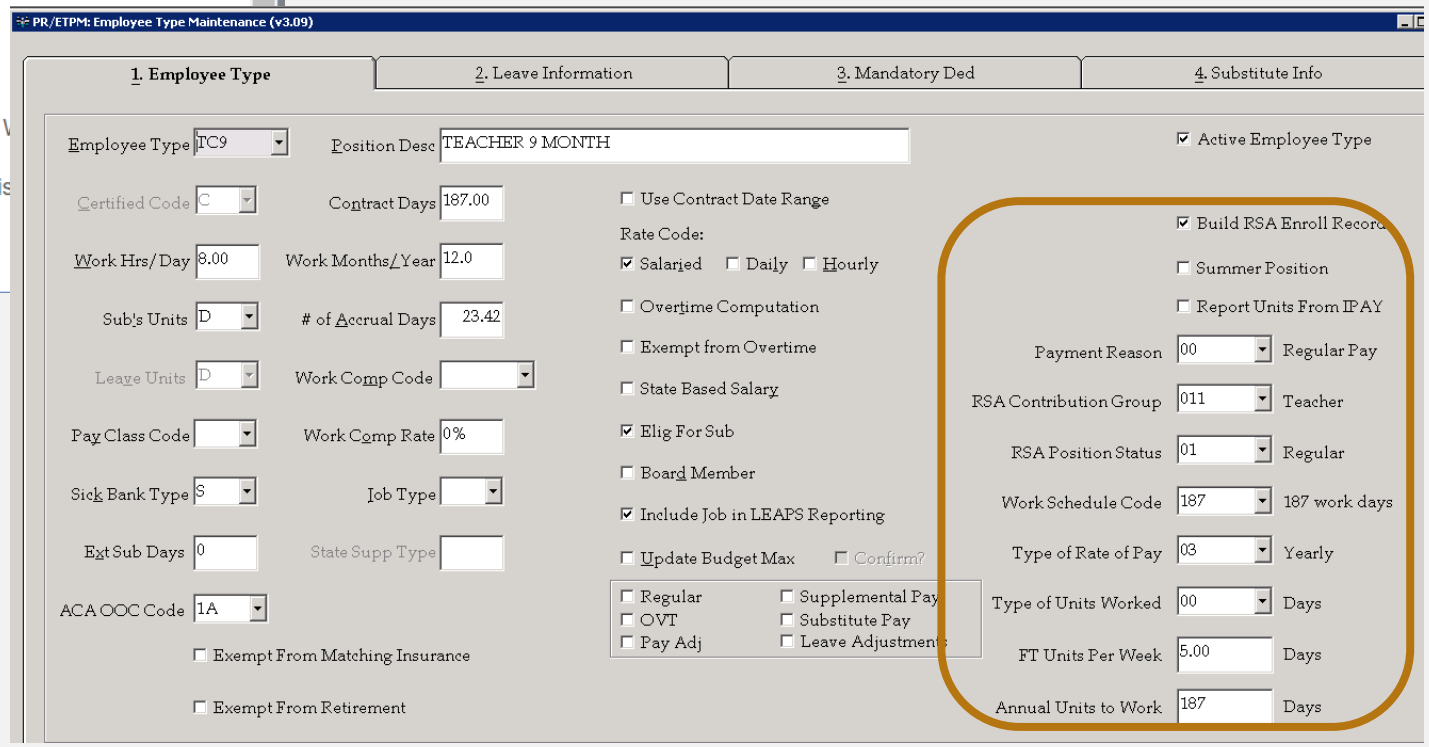
LOA Status Effective Date: *

LOA Status: * Not on Unpaid Leave

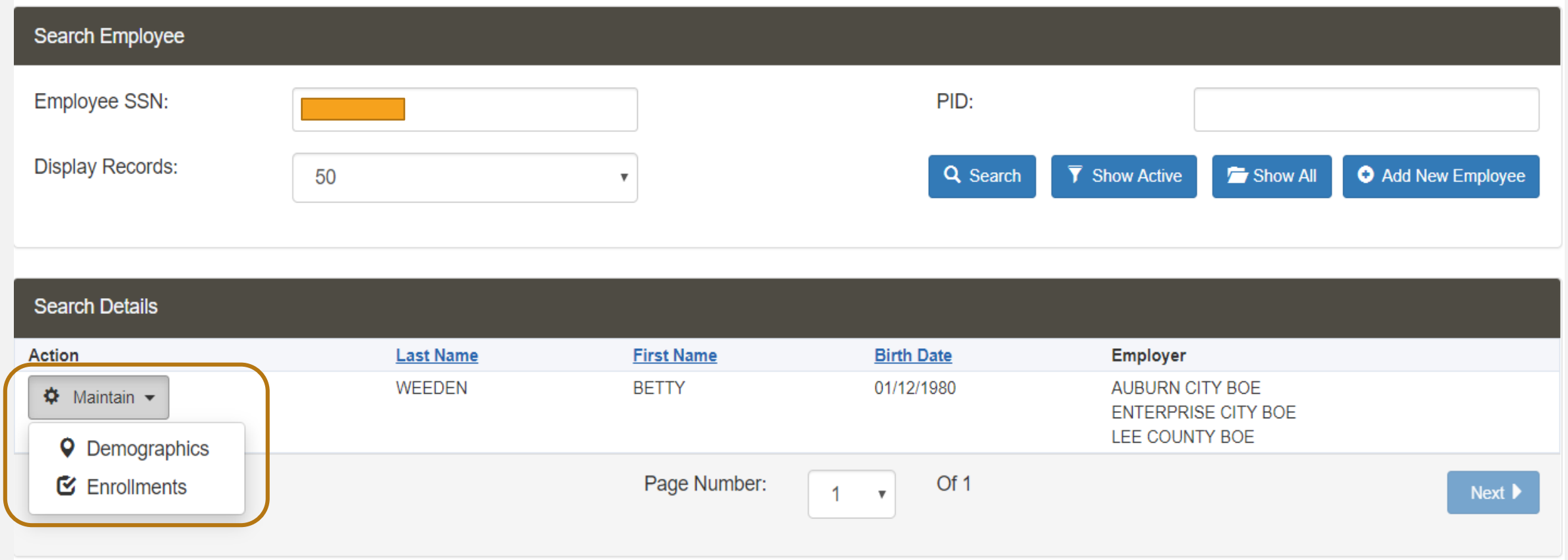
Cancel | Save Changes

Select Contribution Group

- Select Contribution Group
- Contributing Firefighter
- Contributing Law Enforcement
- Contributing FLC Dual
- Contributing Other - Professional/Administrative
- Contributing Teacher
- Contributing Principal
- Contributing Superintendent
- Contributing Administrative
- Contributing Clerical
- Contributing Lunchroom
- Contributing Maintenance
- Contributing Bus Driver
- Contributing Mechanic
- Contributing Other - Support
- Contributing Nurse
- Contributing Physician's Assis
- Contributing Physician
- Contributing FLC Dual
- Non-Participating Firefighter



MANUALLY CHANGING EMPLOYEE



Employee Information

SSN: * XXX-XX-5629

Date of Birth: * 01/12/1980

Personal Information

First Name:* BETTY

Middle Name:

Last Name:* WEEDEN

Suffix: Select Suffix

Gender: * Female

Address Information

Address Line 1: * 313 LIGHTNESS DR

Use for actual street address or post office box.

Address Line 2:

Use for Apartment, Building, Unit, Floor, Suite, etc.

City: * AUBURN

Foreign Address:

State: * Alabama

Zip Code: * 36832

(optional)

Address Effective Date: * 10/22/2013

Display Future Addresses

Back

Go to Enrollments

Save Changes

Enrollment LOA and Work Units History Validation Errors

There are no validation errors found for this enrollment record.

Add/Edit Enrollments

Personal Information

First Name:	BETTY	**SSN:**	XXX-XX-5629
Middle Name:		**PID:**	[redacted]
Last Name:	WEEDEN	**Current Tier/Group:**	Tier 1
Suffix:			

Employee Details

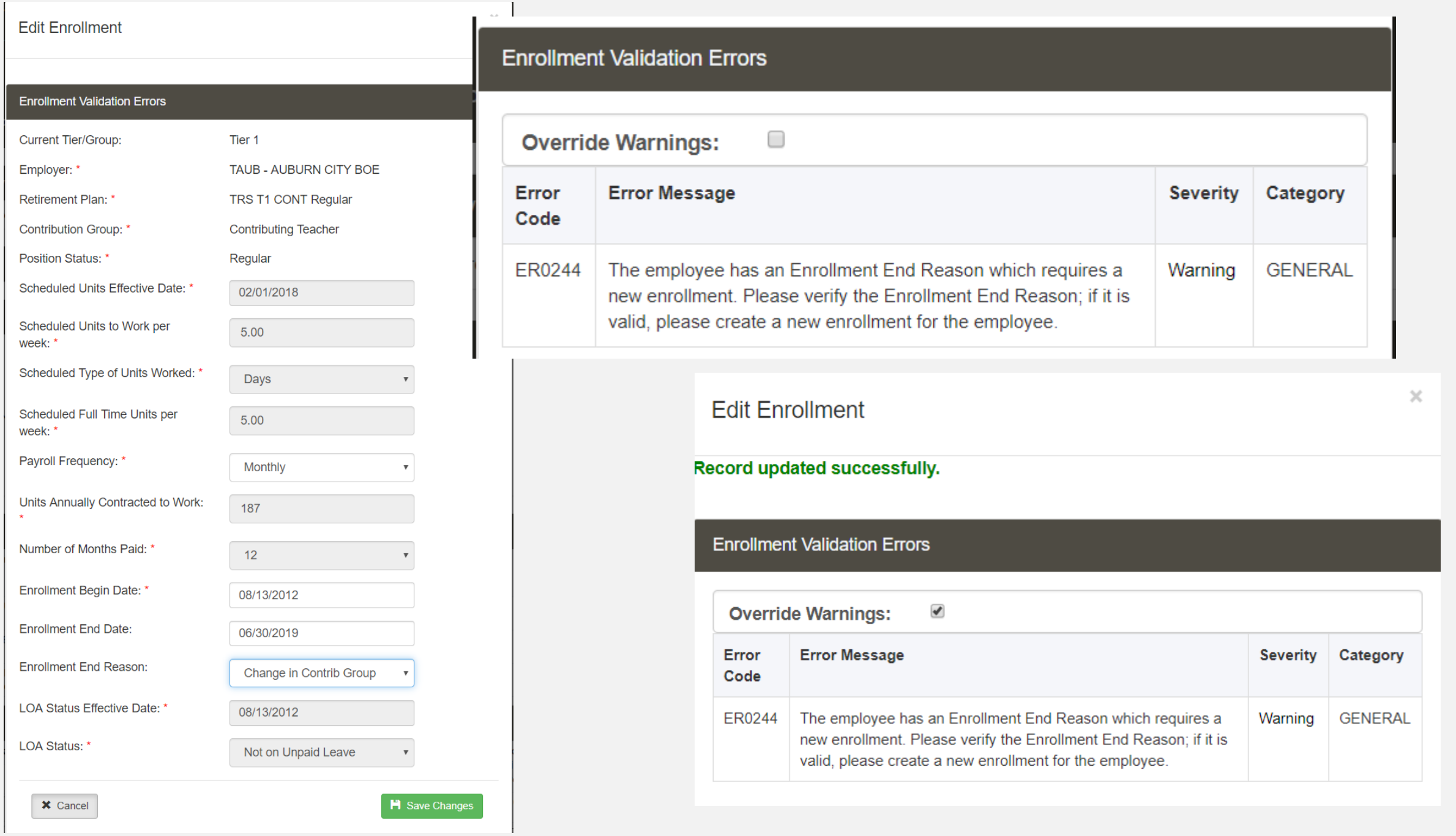
	Action	Contribution Group	Employer	Position Status	LOA Status	LOA Status Effective Date	Enrollment Begin Date	Enrollment End Date	Enrollment End Reason
◉	Edit	Contributing Teacher	AUBURN CITY BOE	Regular	Not on Unpaid Leave	08/13/2012	08/13/2012		
○	Edit	Contributing Teacher	LEE COUNTY BOE	Regular	Not on Unpaid Leave	08/10/2011	08/10/2011	05/25/2012	Voluntary Termination
○	Edit	Contributing Teacher	ENTERPRISE CITY BOE	Regular	Not on Unpaid Leave	01/03/2011	08/06/2007	06/13/2011	Voluntary Termination

LOA Status History

Action	LOA Status Effective Date	LOA Status *
Action	08/13/2012	Not on Unpaid Leave
Save		

Enrollment Work Units History

Action	Scheduled Units Effective Date	Scheduled Units to Work per week *	Scheduled Full Time Units per week *	Scheduled Type of Units Worked *	Units Contra Work
Action	08/13/2012	5.00	5.00	Days	187
Action	07/01/2014	40.00	40.00	Hours	187


Edit Enrollment
Enrollment Validation Errors
Current Tier/Group: Tier 1
Employer: * TAUB - AUBURN CITY BOE
Retirement Plan: * TRS T1 CONT Regular
Contribution Group: * Contributing Teacher
Position Status: * Regular
Scheduled Units Effective Date: * 02/01/2018
Scheduled Units to Work per week: * 5.00
Scheduled Type of Units Worked: * Days
Scheduled Full Time Units per week: * 5.00
Payroll Frequency: * Monthly
Units Annually Contracted to Work: * 187
Number of Months Paid: * 12
Enrollment Begin Date: * 08/13/2012
Enrollment End Date: 06/30/2019
Enrollment End Reason: Change in Contrib Group
LOA Status Effective Date: * 08/13/2012
LOA Status: * Not on Unpaid Leave
Cancel
Save Changes
Enrollment Validation Errors
Override Warnings:
Error Code
Error Message
Severity
Category
ER0244
The employee has an Enrollment End Reason which requires a new enrollment. Please verify the Enrollment End Reason; if it is valid, please create a new enrollment for the employee.
Warning
GENERAL
Edit Enrollment
Record updated successfully.
Enrollment Validation Errors
Override Warnings:
Error Code
Error Message
Severity
Category
ER0244
The employee has an Enrollment End Reason which requires a new enrollment. Please verify the Enrollment End Reason; if it is valid, please create a new enrollment for the employee.
Warning
GENERAL

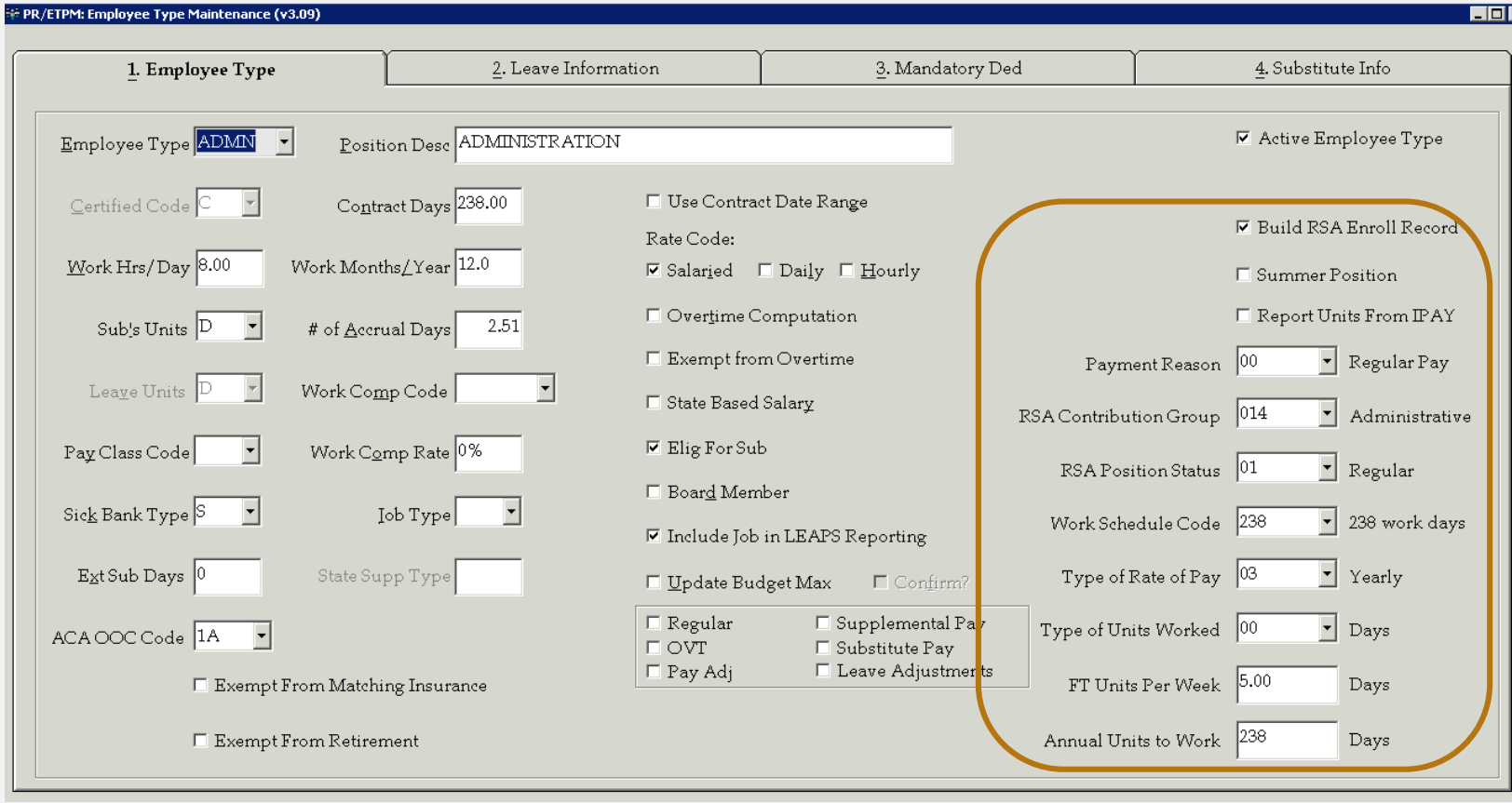
New Enrollment

Record created successfully.

Enrollment Validation Errors

There are no validation errors found for this enrollment record.

Current Tier/Group:	Tier 1
Employer: *	TAUB - AUBURN CITY BOI
Retirement Plan: *	TRS T1 CONT Regular
Contribution Group: *	Contributing Administrative
Position Status: *	Regular
Scheduled Units Effective Date: *	07/02/2019
Scheduled Units to Work per week: *	5.00
Scheduled Type of Units Worked: *	Days
Scheduled Full Time Units per week: *	5.00
Payroll Frequency: *	Monthly
Units Annually Contracted to Work: *	238
Number of Months Paid: *	12
Enrollment Begin Date: *	07/02/2019
Enrollment End Date:	
Enrollment End Reason:	Select Enrollment End Reas
LOA Status Effective Date: *	07/02/2019
LOA Status: *	Not on Unpaid Leave

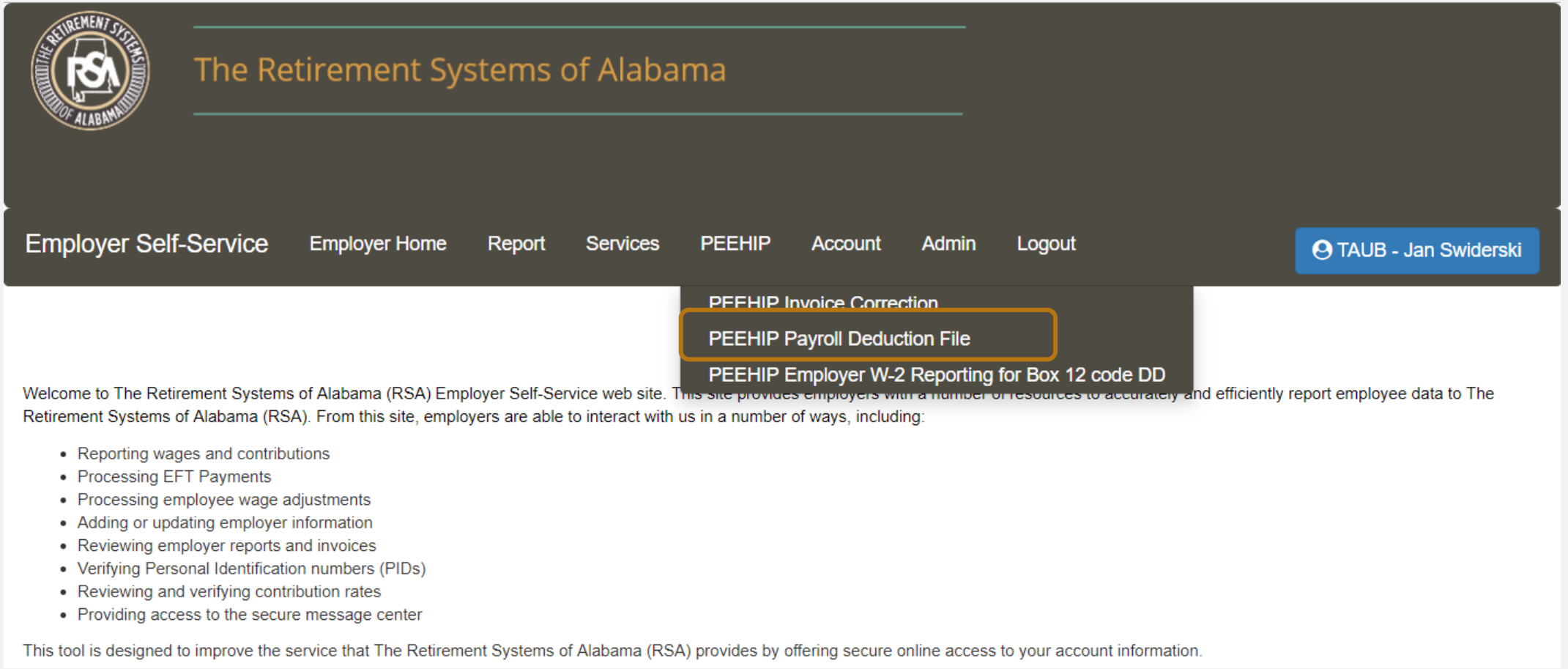


PEEHIP PROCESS

- Download reports from The Retirement Systems of Alabama, Employer Self-Service website
  - https://ess.rsa-al.gov
  - Interface monthly deductions to Nextgen
- Balancing payroll withholdings to PEEHIP invoice
  - PEEHIP online correction invoice
  - How to find discrepancies

PEEHIP PROCESS

https://ess.rsa-al.gov



The Retirement Systems of Alabama

Employer Self-Service | Employer Home | Report | Services | PEEHIP

Payroll Deduction File

From: August 2019

ESS PIN: *

Generate

PEEHIP15188 - Notepad

File Edit Format View Help

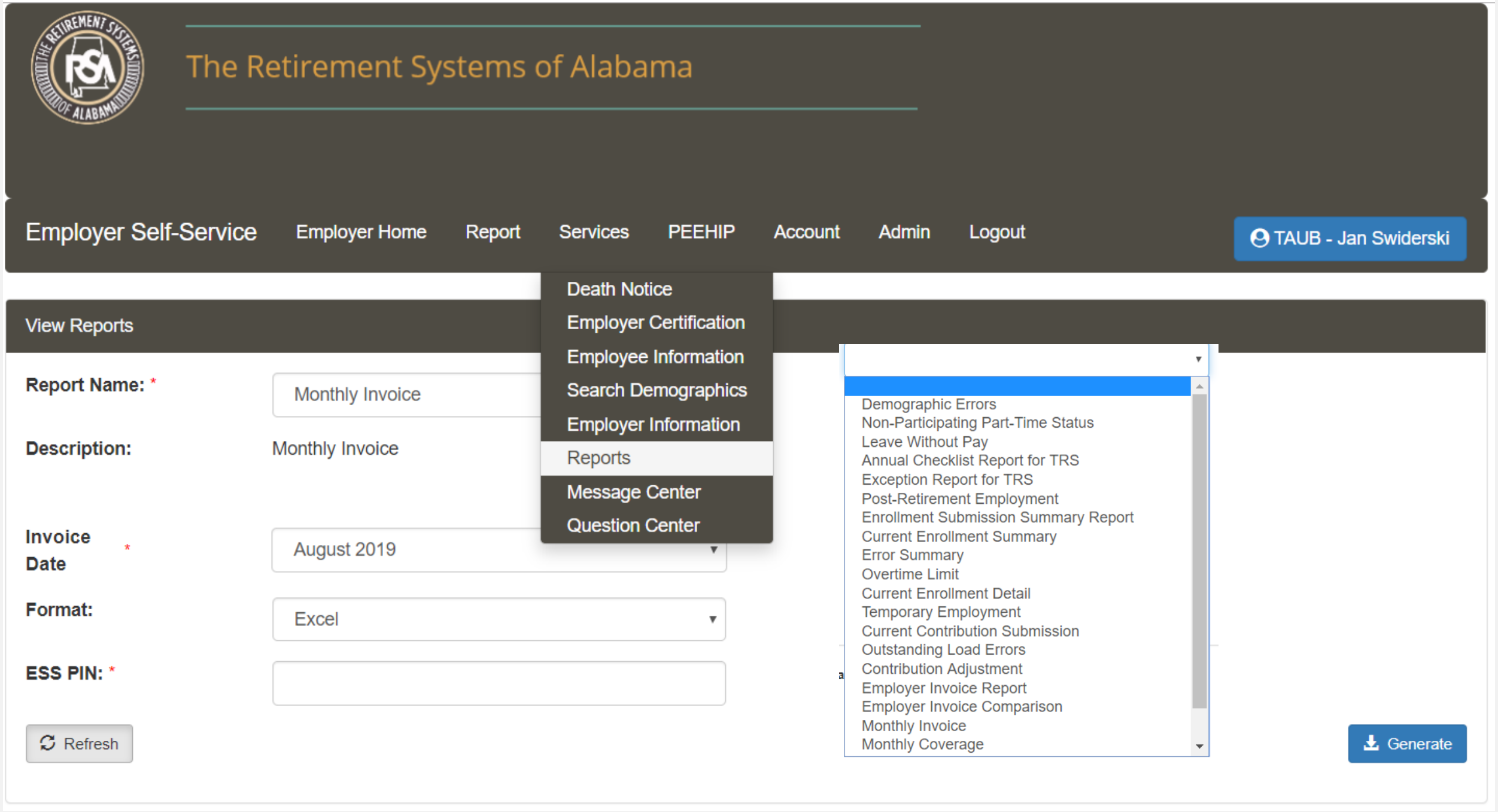
```
H,AUBURN CITY BOE,TAUB,09-01-2019,09-30-2019,08-15-2019,1091
M,01,1[redacted]2,800.00[redacted]352
M,02,1[redacted]2,0.00,10[redacted]2
M,03,1[redacted]2,0.00,10[redacted]2
M,04,1[redacted]2,0.00,10[redacted]2
M,05,1[redacted]2,0.00,10[redacted]2
M,06,1[redacted]2,0.00,10[redacted]2
M,07,1[redacted]2,0.00,10[redacted]2
M,08,1[redacted]2,0.00,10[redacted]2
M,09,1[redacted]2,0.00,10[redacted]2
M,10,1[redacted]2,0.00,10[redacted]2
M,11,1[redacted]2,0.00,10[redacted]2
M,01,1[redacted]5,800.00[redacted]105
M,02,1[redacted]5,0.00,11[redacted]5
M,03,1[redacted]5,0.00,11[redacted]5
M,04,1[redacted]5,0.00,11[redacted]5
M,05,1[redacted]5,0.00,11[redacted]5
M,06,1[redacted]5,0.00,11[redacted]5
M,07,1[redacted]5,0.00,11[redacted]5
M,08,1[redacted]5,0.00,11[redacted]5
M,09,1[redacted]5,0.00,11[redacted]5
M,10,1[redacted]5,0.00,11[redacted]5
M,11,1[redacted]5,0.00,11[redacted]5
M,01,1[redacted]9,800.00[redacted]969
M,02,1[redacted]9,307.00[redacted]969
M,03,1[redacted]9,0.00,1[redacted]9
```

PEEHIP (5) - Notepad

File Edit Format View Help

```
H,Auburn City Board of Education,TAUB,08-01-2018,08-31-2018,07-05-2018,967
M,01,101502834,800.00,101502834
M,02,101502834,30.00,101502834
M,03,101502834,0.00,101502834
M,04,101502834,0.00,101502834
M,05,101502834,0.00,101502834
M,06,101502834,38.00,101502834
M,07,101502834,0.00,101502834
M,08,101502834,0.00,101502834
M,09,101502834,0.00,101502834
M,10,101502834,0.00,101502834
M,11,101502834,0.00,101502834
M,01,111865105,800.00,111865105
M,02,111865105,0.00,111865105
M,03,111865105,0.00,111865105
M,04,111865105,0.00,111865105
M,05,111865105,0.00,111865105
M,06,111865105,0.00,111865105
M,07,111865105,0.00,111865105
M,08,111865105,0.00,111865105
M,09,111865105,0.00,111865105
M,10,111865105,0.00,111865105
M,11,111865105,0.00,111865105
M,01,115489862,800.00,115489862
M,02,115489862,30.00,115489862
M,03,115489862,0.00,115489862
M,04,115489862,0.00,115489862
M,05,115489862,0.00,115489862
M,06,115489862,38.00,115489862
M,07,115489862,0.00,115489862
M,08,115489862,0.00,115489862
M,09,115489862,0.00,115489862
```

Save this file on your computer for future use. This is the file that will be interfaced into Nextgen for current month's payroll processing.


The Retirement Systems of Alabama
Employer Self-Service
Employer Home
Report
Services
PEEHIP
Account
Admin
Logout
TAUB - Jan Swiderski
Death Notice
Employer Certification
Employee Information
Search Demographics
Employer Information
Reports
Message Center
Question Center
View Reports
Report Name: *
Monthly Invoice
Description:
Monthly Invoice
Invoice Date *
August 2019
Format:
Excel
ESS PIN: *
Refresh
Demographic Errors
Non-Participating Part-Time Status
Leave Without Pay
Annual Checklist Report for TRS
Exception Report for TRS
Post-Retirement Employment
Enrollment Submission Summary Report
Current Enrollment Summary
Error Summary
Overtime Limit
Current Enrollment Detail
Temporary Employment
Current Contribution Submission
Outstanding Load Errors
Contribution Adjustment
Employer Invoice Report
Employer Invoice Comparison
Monthly Invoice
Monthly Coverage
Generate

Employer Invoice

Public Education Employees Health Insurance Plan, July Month Invoice for August, 2018

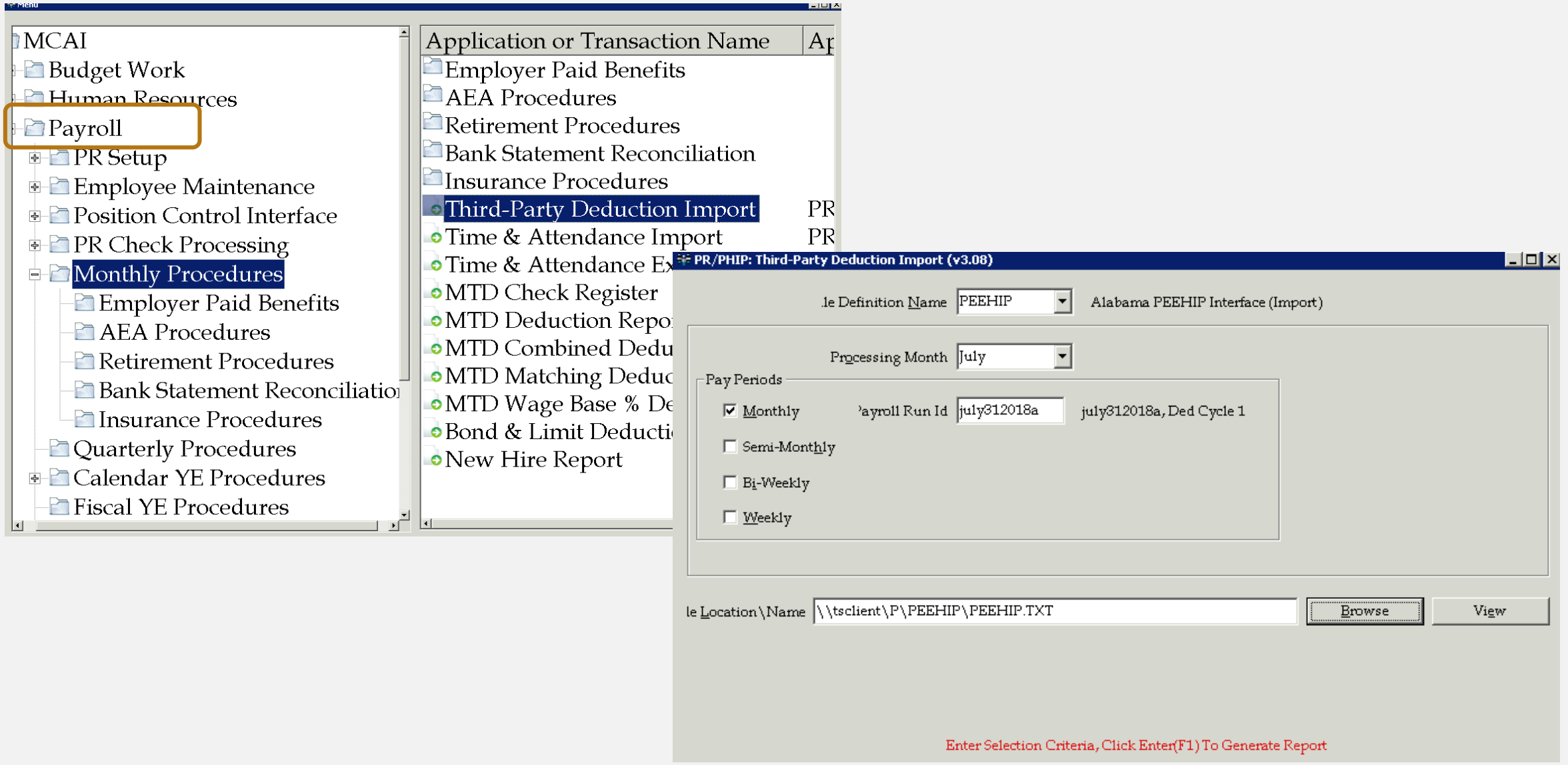
School : Auburn City Board of Education **School Code:** TAUB **Insurance Coverage Date:** 8/01/2018 - 08/31/2018 **Flex Coverage Date:** 7/2018

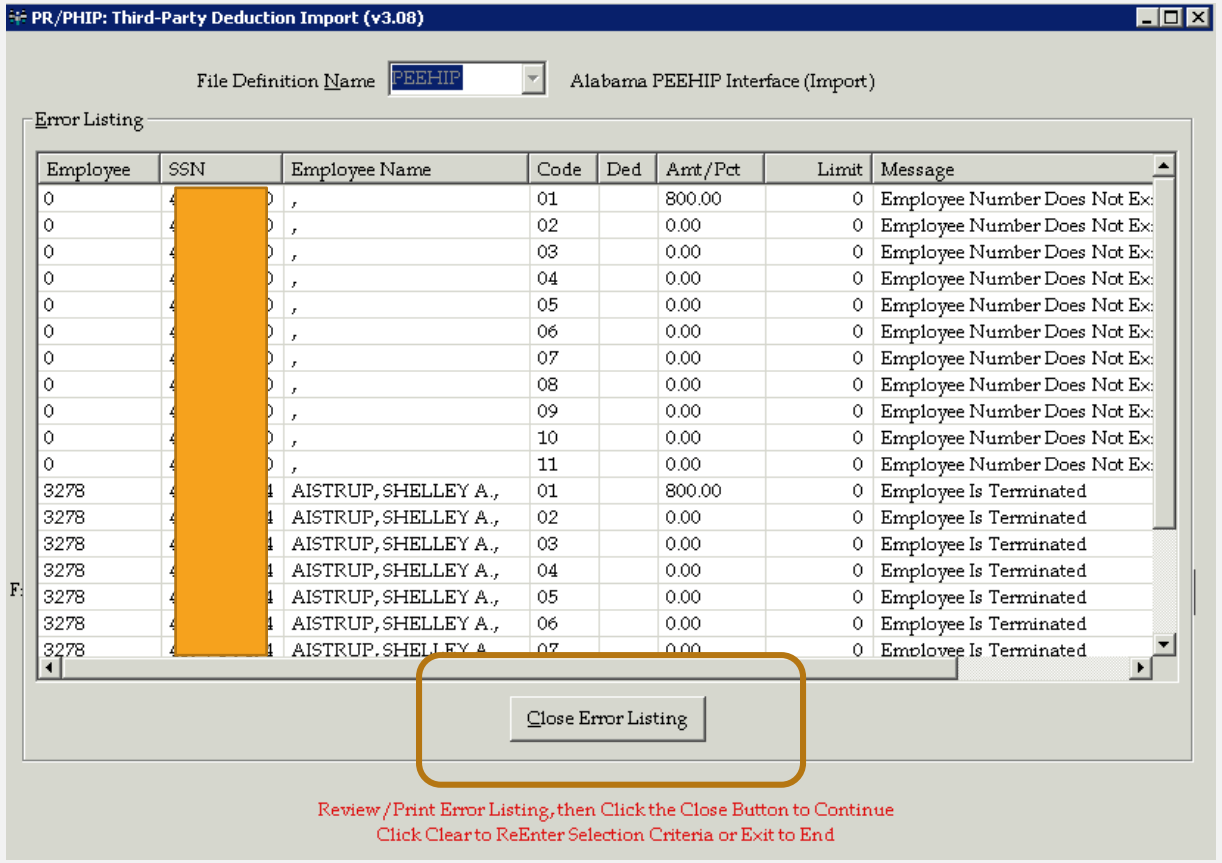
Current Month Effective Section

Name	SSN	Inv Mo	Empl Class	Send / Rec	Allocation	Hosp / Med	Discount	Net Hosp / Med	Tobacco Surcharge	Wellness Surcharge	Cancer	Dental	Indemnity	Vision	Health	Dependent	Tot Prem	Tot System
ABNEY, V	[redacted]	8	1		800.00							50.00					50.00	850.00
ADAMS, E		8	1		800.00	307.00		307.00	50.00			50.00					407.00	1207.00
ADAMS, L		8	1		800.00	307.00		307.00				50.00					357.00	1157.00
ADAMSO		8	1		800.00	307.00		307.00	50.00			50.00					407.00	1207.00
Adcock, E		8	1		800.00													800.00
ADRIAN, T		8	1		800.00	207.00		207.00										1007.00
AGERTON		8	1		800.00													800.00
AGLAN, M		8	1		800.00	307.00		307.00										1157.00
AISTRUP,		8	1		800.00													800.00
AKASHEH		8	1		800.00	307.00		307.00										1157.00
ALDRIDGE		8	1		800.00	30.00		30.00				38.00					68.00	868.00
ALEXAND		8	1		800.00	307.00		307.00	50.00			50.00					407.00	1207.00
Allen, Bra		8	1		800.00												0.00	800.00
ALLEN, C		8	1		800.00	207.00		207.00				38.00					245.00	1045.00
ALLEN, JE		8	1		800.00	282.00		282.00									282.00	1082.00
ALLEN, K		8	1		800.00	307.00		307.00									307.00	1107.00
Allen, Mic		8	1		800.00	307.00	153.50	153.50									153.50	953.50
ALLISON,		7	1												100.00		100.00	100.00
ALLISON,		8	1		800.00	307.00		307.00				50.00		38.00			395.00	1195.00
ALLISON,		8	1		800.00	207.00		207.00				38.00					245.00	1045.00
Alsobrook		7	1												100.00		100.00	100.00
Alsobrook		8	1		800.00	207.00		207.00									207.00	1007.00
Anderson,		8	1		800.00												0.00	800.00
ANDERSO		8	1		800.00	30.00	12.00	18.00									18.00	818.00
ANDERSO		8	1		800.00	207.00		207.00				50.00					257.00	1057.00
ANDERSO		8	1		800.00	207.00		207.00				50.00					257.00	1057.00
ANTOINE,		8	1		800.00	307.00		307.00				50.00					357.00	1157.00
ANTONIA		8	1		800.00	307.00		307.00				50.00		38.00			395.00	1195.00
ARANDA		8	1		800.00	282.00		282.00				50.00					332.00	1132.00
ARMSTRO		8	1		800.00	307.00		307.00				50.00					357.00	1157.00
ARNOLD,		8	1		800.00												0.00	800.00
ASHER-M		8	1		800.00	307.00		307.00									307.00	1107.00
AUGSBUR		8	1		800.00	307.00		307.00				50.00					357.00	1157.00

Save this file on your computer for future use. This file will be beneficial when balancing payroll deductions with the PEEHIP invoice.

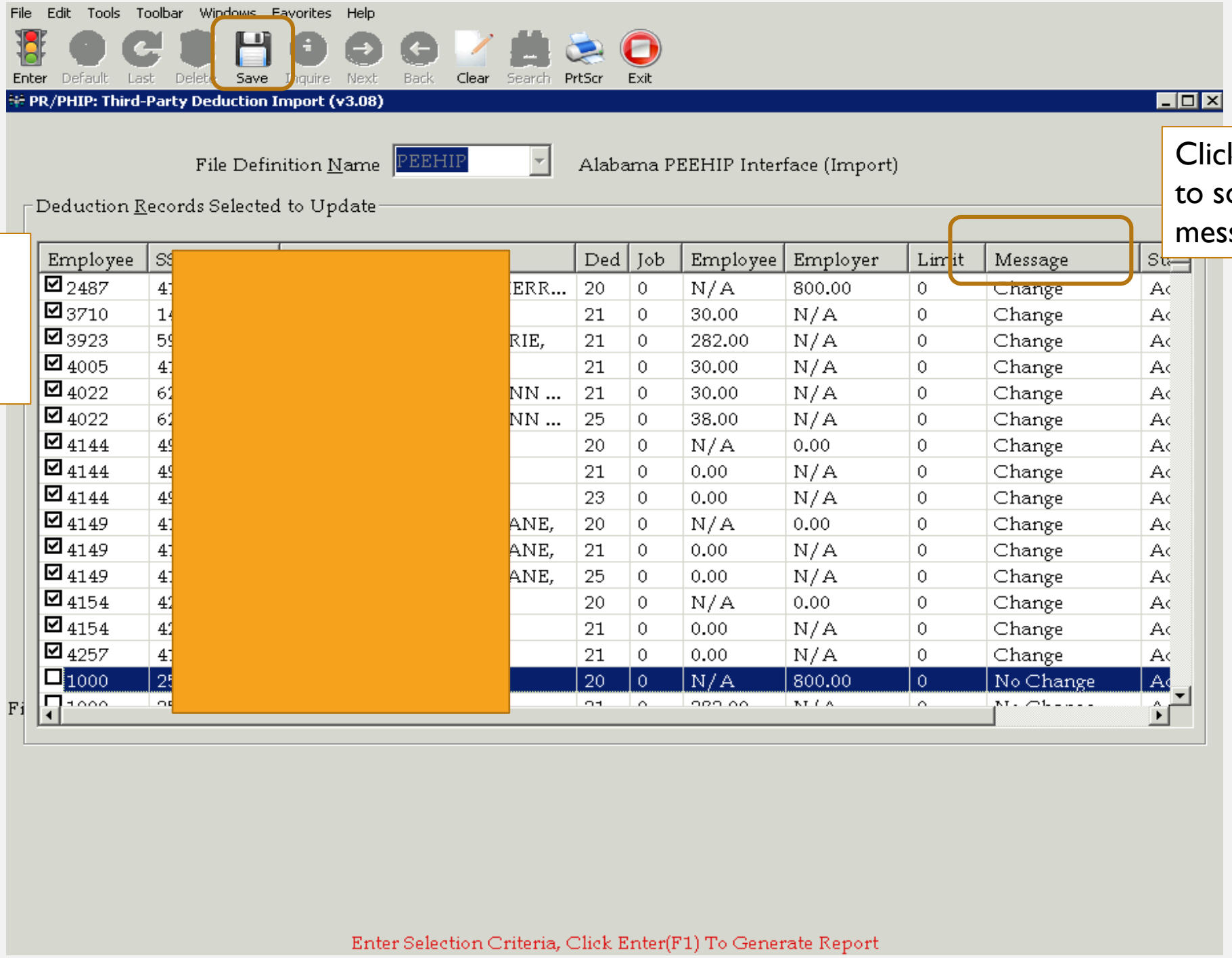
PEEHIP INVOICE UPLOAD TO NEXTGEN





What caused upload error for the entries listed?

- Employee is terminated:
  - Have you previously withheld for allocations earned? Amounts will need to be removed from your PEEHIP invoice.
  - Allocations earned but not previously withheld? Additional check to PEEHIP is needed,
- Employee does not exist:
  - New employee not in Nextgen yet? Additional check to PEEHIP is needed.
  - No record of this social security number with your district? Amounts will need to be removed from your PEEHIP invoice.



Uncheck any change you do not want to occur

Click on message to sort by message type

PR/PHIP: Third-Party Deduction Import (v3.08)

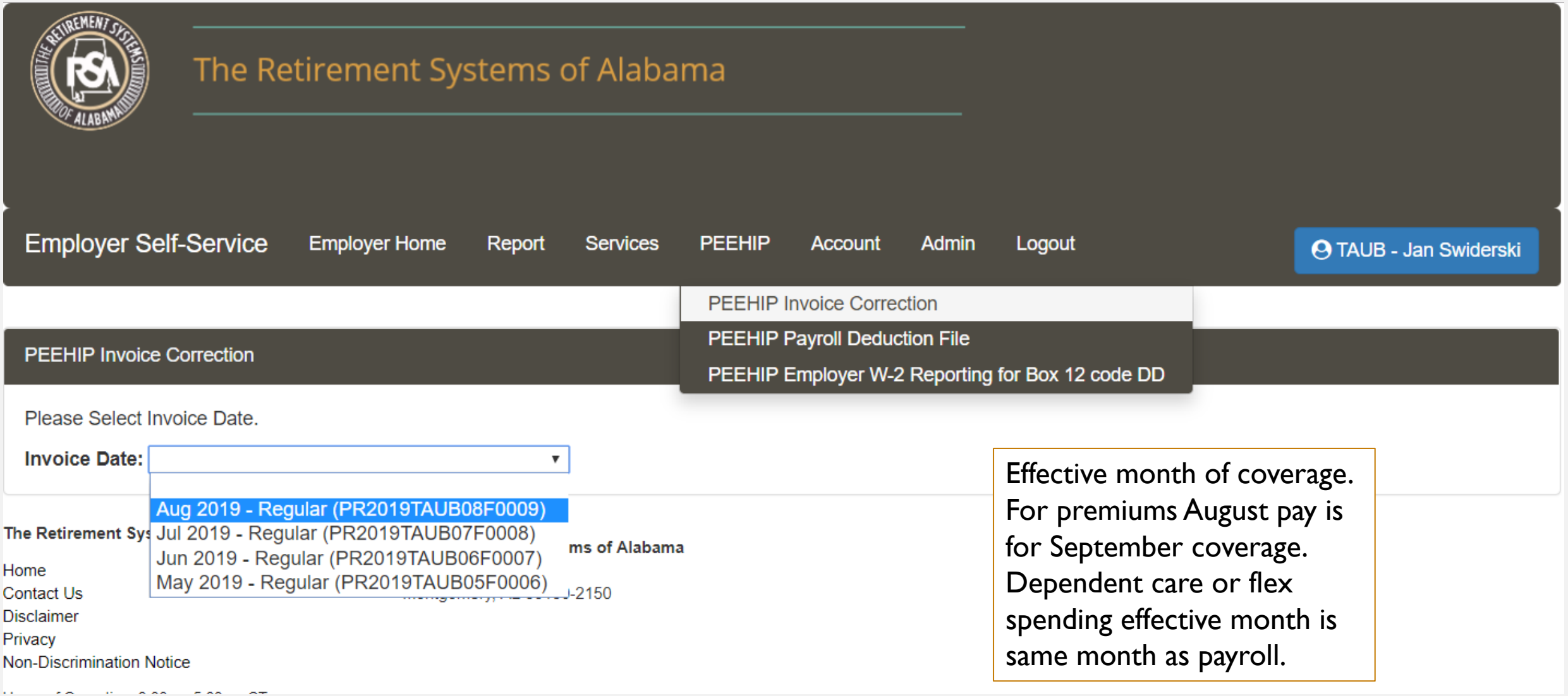
File Definition Name PEEHIP Alabama PEEHIP Interface (Import)

Updated Deductions

Employee	SSN	Employee Name	Ded	Job	Employee	Employer	Message
2487	4	NE...	20	0	N/A	800.00	Deduction Changed
3710	1		21	0	30.00	N/A	Deduction Changed
3923	5	E ...	21	0	282.00	N/A	Deduction Changed
4005	4	K...	21	0	30.00	N/A	Deduction Changed
4022	6	LE...	21	0	30.00	N/A	Deduction Changed
4022	6	LE...	25	0	38.00	N/A	Deduction Changed
4144	4	,	20	0	N/A	0.00	Deduction Changed
4144	4	,	21	0	0.00	N/A	Deduction Changed
4144	4	,	23	0	0.00	N/A	Deduction Changed
4149	4	A ...	20	0	N/A	0.00	Deduction Changed
4149	4	A ...	21	0	0.00	N/A	Deduction Changed
4149	4	A ...	25	0	0.00	N/A	Deduction Changed
4154	4	,	20	0	N/A	0.00	Deduction Changed
4154	4	,	21	0	0.00	N/A	Deduction Changed
4257	4	,	21	0	0.00	N/A	Deduction Changed

15 Deductions Updated Sucessfully!
0 Deduction Adjustments Generated.
Click Print to Print List View, Clear to ReEnter Selection Criteria, or Exit to End

PEEHIP INVOICE CORRECTIONS



Effective month of coverage. For premiums August pay is for September coverage. Dependent care or flex spending effective month is same month as payroll.

PEEHIP Invoice Correction

August for September 2019 Regular Invoice (PR2019TAUB08F0009)

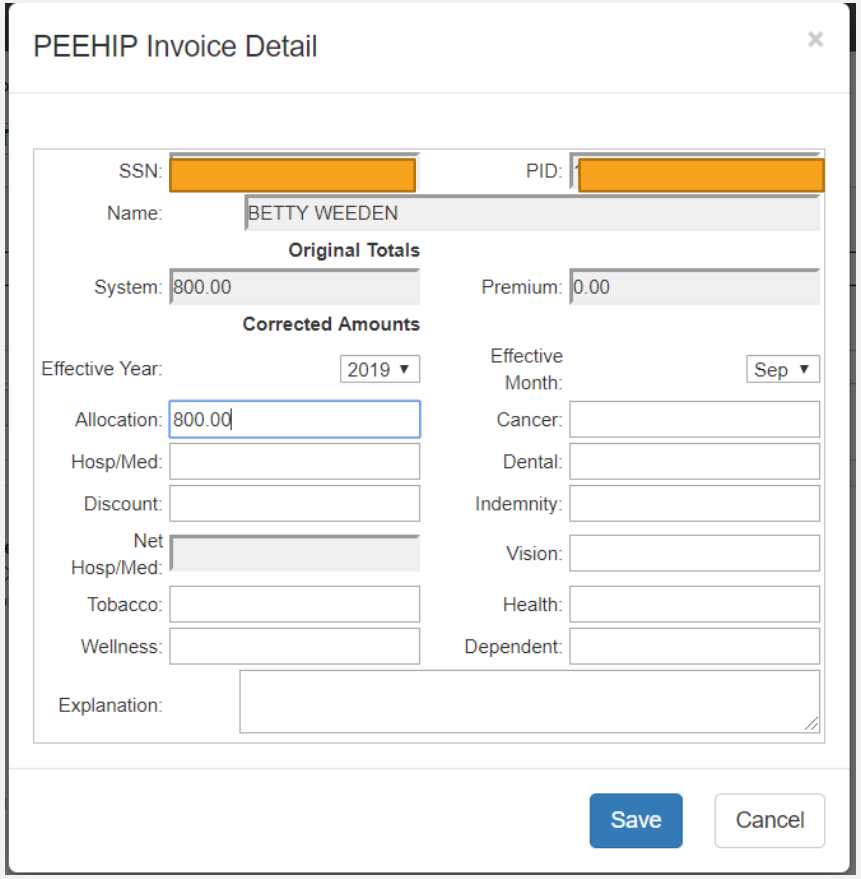
Invoice Date: Aug 2019 - Regular (PR2019TAUB08F0009) ▾ View Corrections Report

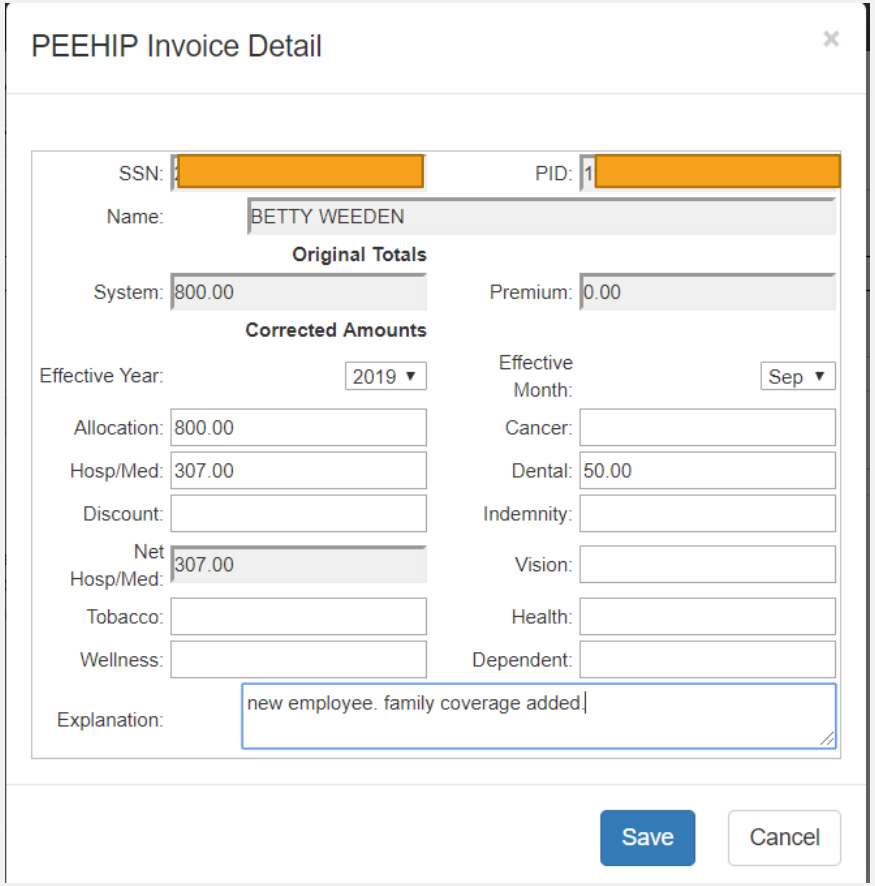
Name SSN PID	Original Total Allocation	Original Total Premium	Adjusted Total Allocation	Adjusted Total Premium	Allocation Difference	Premium Difference	Explanation for change	Effective Y/M
Originally billed:	835,200.00	206,330.33	0.00	0.00	835,200.00	206,330.33		
					835,200.00	**206,330.33**		
				Expected Check Amount:	**1,041,530.33**			

SSN: [redacted] **Or** PID: Add Correction

Effective Year: 2019 ▾ Effective Month: Sep ▾

[redacted]


PEEHIP Invoice Detail
SSN:
PID:
Name: BETTY WEEDEN
Original Totals
System: 800.00
Premium: 0.00
Corrected Amounts
Effective Year: 2019
Effective Month: Sep
Allocation: 800.00
Cancer:
Hosp/Med:
Dental:
Discount:
Indemnity:
Net Hosp/Med:
Vision:
Tobacco:
Health:
Wellness:
Dependent:
Explanation:
Save
Cancel


PEEHIP Invoice Detail
SSN:
PID:
Name: BETTY WEEDEN
Original Totals
System: 800.00
Premium: 0.00
Corrected Amounts
Effective Year: 2019
Effective Month: Sep
Allocation: 800.00
Cancer:
Hosp/Med: 307.00
Dental: 50.00
Discount:
Indemnity:
Net Hosp/Med: 307.00
Vision:
Tobacco:
Health:
Wellness:
Dependent:
Explanation: new employee. family coverage added
Save
Cancel

PEEHIP Invoice Correction

August for September 2019 Regular Invoice (PR2019TAUB08F0009)

Invoice Date: Aug 2019 - Regular (PR2019TAUB08F0009) ▾ View Corrections Report

	Name	SSN	PID	Original Total Allocation	Original Total Premium	Adjusted Total Allocation	Adjusted Total Premium	Allocation Difference	Premium Difference	Explanation for change	Effective Y/M
	Originally billed:			835,200.00	206,330.33	0.00	0.00	835,200.00	206,330.33		
Edit Delete	BETTY WEEDEN	[redacted]		800.00	0.00	800.00	357.00	0.00	357.00	new employee. family coverage added.	2019/9
								835,200.00	**206,687.33**		
							Expected Check Amount:	**1,041,887.33**			

SSN: Or PID: Add Correction

Effective Year: 2019 ▾ Effective Month: Sep ▾

Unit Code:	TAUB
School:	AUBURN CITY BOE
Invoice:	August for September, 2019

Invoice Type:	Regular
Invoice Number:	PR2019TAUB08F0009

Name	PID	Eff Date	Contrib.	Out of Pocket	Hosp/M	Disc	Net Hos	Tobac	Wellness	Cancer	Dental	Indem	Vision	Health	Dep	Tot Change	Exp. for Change
Originally Billed			**835,200.00**	**206,330.33**												**1,041,530.33**	
WEEDEN, BETTY	11037551	2019 / 9	0.00	357.00	307.00	0.00	307.00	0.00	0.00	0.00	50.00	0.00	0.00	0.00	0.00	357.00	new employee. family coverage added.
Total Adjustments			**0.00**	**357.00**													
Exp Check Tot:			**835,200.00**	**206,687.33**												**1,041,887.33**	

The Retirement Systems of Alabama

Employer Self-Service | Employer Home | Report | Services | PEEHIP | Account | Admin | Logout | TAUB - Jan Swiderski

- Submit Report
- View History
- View Reporting Packets
- Download PIDs
- Invoices
- Payroll Schedule
- Error Correction
- Contract Schedule

Invoices

The Invoices module allows employers to manage in ct the invoices and click **Pay Invoice.** To view an individual invoice, click the appropriate link and the invoice will open in a new browser window.

Invoices

Show all

Recent Invoices: --Select--

Date Range: to

Show

Employer: TAUB - AUBURN CITY BOE

Type: Select Invoice Type

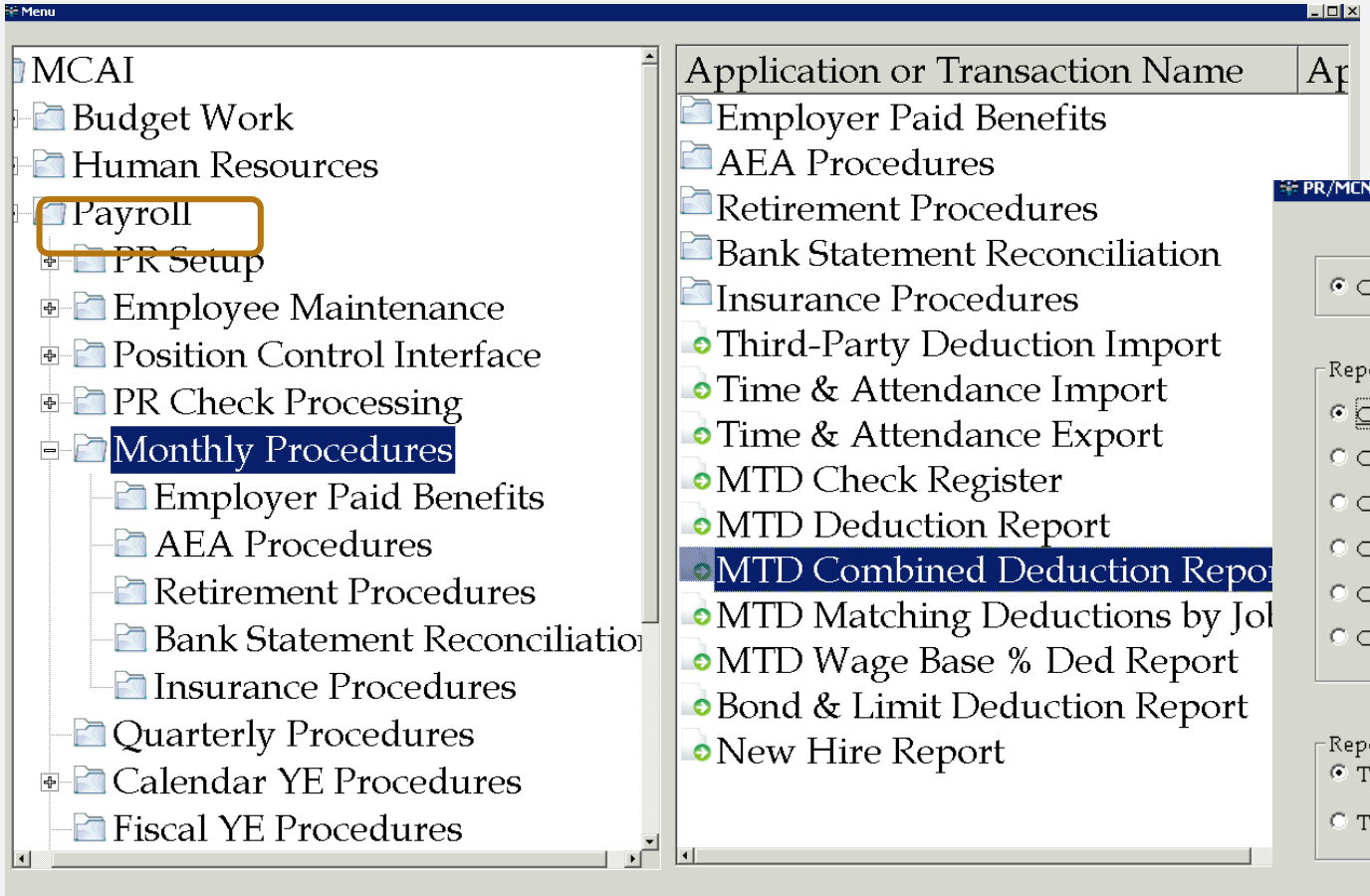
Show Paid Invoices

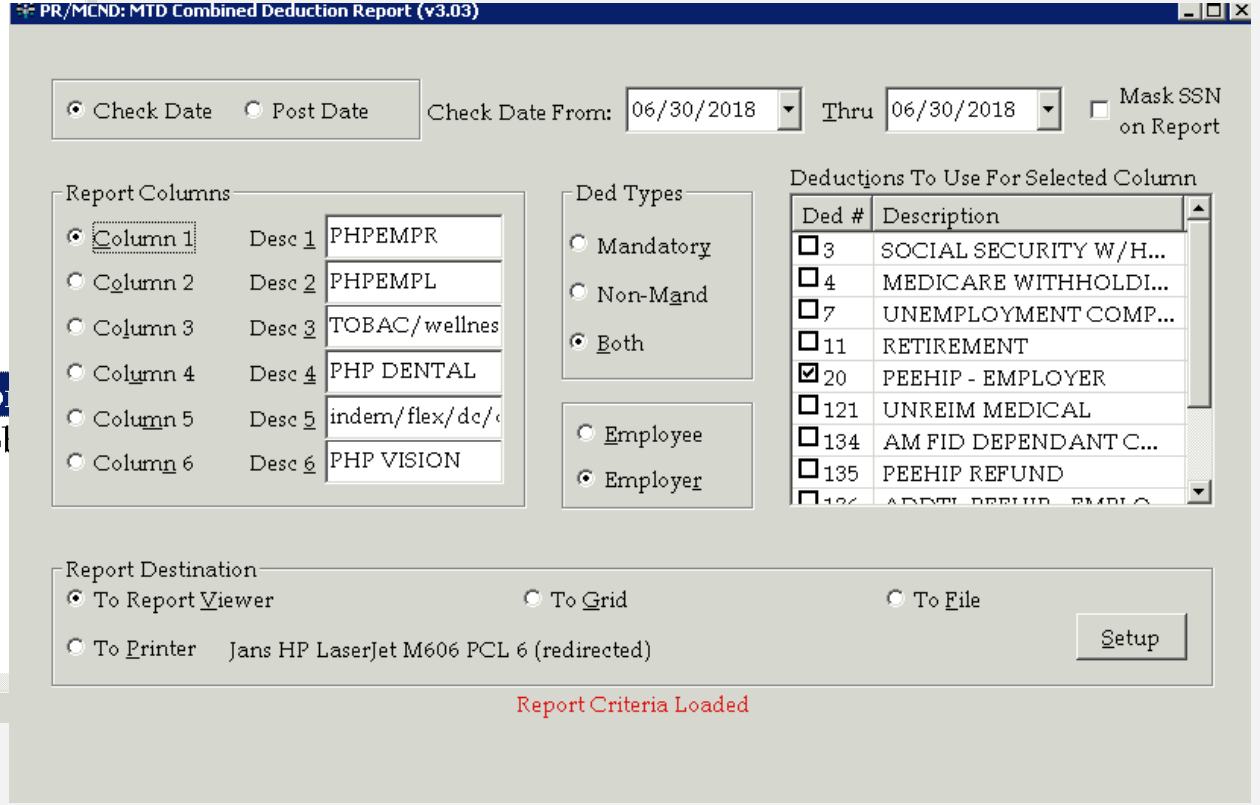
Invoice	Employer	Invoice Type	Date	Due Date	Amount	Balance Due	Status
PR2019TAUB08F0009	TAUB - AUBURN CITY BOE	PEEHIP	08/12/2019	09/12/2019	$1,041,887.33	$1,041,887.33	Unpaid

Pay Invoice

BALANCING PAYROLL TO PEEHIP INVOICE

- Run combined vendor deductions report for PEEHIP deductions; save in Excel
- Combine in Excel combined deductions report with PEEHIP invoice
- Add formula to show differenced





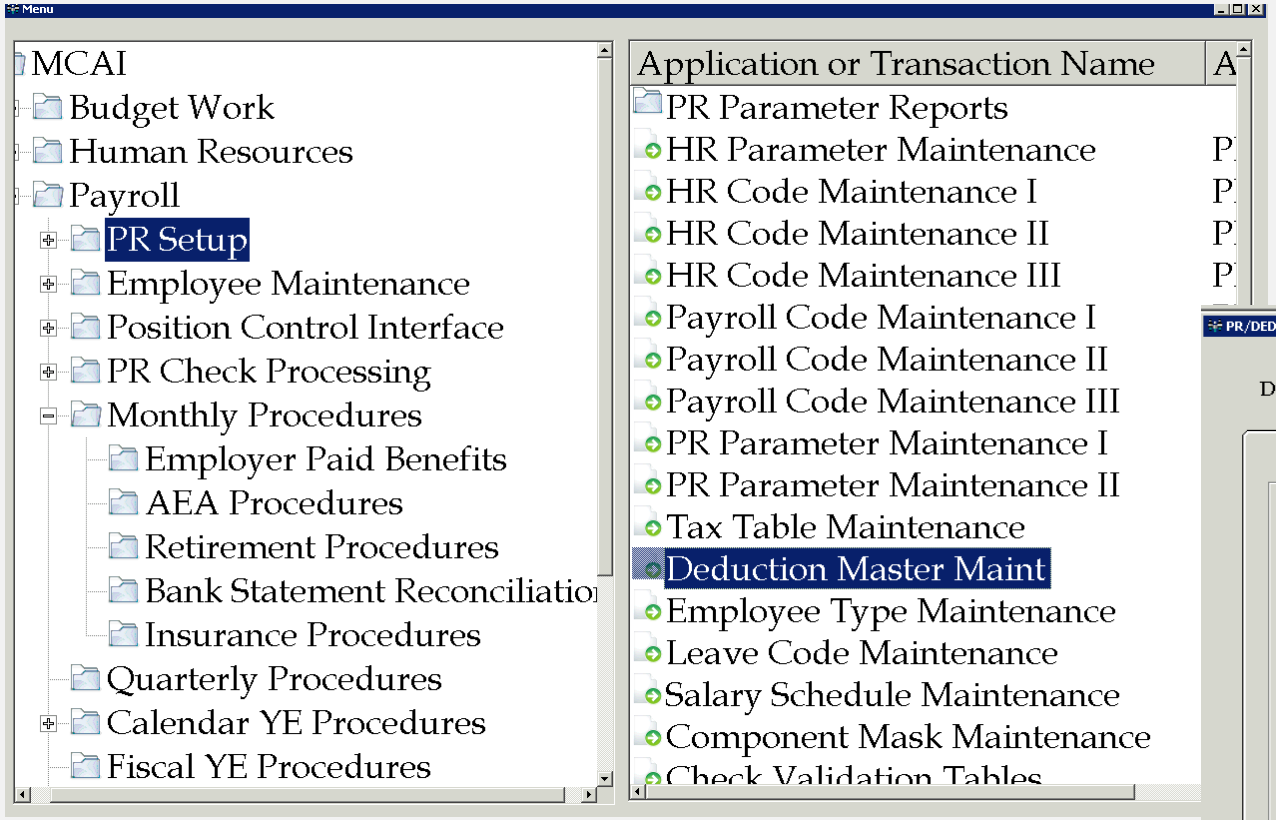
EMPLOYEE NAME	EMP#	SOC.SEC.#	TOTAL		Name	SSN	Tot System	Difference
ABNE	[redacted]	[redacted]	850.00		ABNEY	[redacted]	850.00	0.00
ADAM			1,207.00		ADAMS		1207.00	0.00
ADAM			1,157.00		ADAMS		1157.00	0.00
ADAM			1,207.00		ADAMS		1207.00	0.00
FULLE			830.00		FULLER		830.00	0.00
GARC			830.00		GARCIA		830.00	0.00
GARC			1,157.00		GARCIA		1157.00	0.00
GARD			800.00		GARDN		800.00	0.00
GARL			980.20		GARLIN		800.00	-180.20
HARR			1,496.00		CERIO		868.00	-628.00
					MORRI		1095.00	1095.00
OSWA			868.00		OSWAL		1132.00	264.00
OTOO			1,057.00		OTOOL		1057.00	0.00
OWEN			800.00		OWEN,		800.00	0.00
OZME			868.00		OZMEN		868.00	0.00
PACE			1,195.00		PACE,		1195.00	0.00
TERHU			1,373.66		TERHU		1373.66	0.00
TERRY			880.00		TERRY		880.00	0.00
THOM			1,134.67		THOMA		868.00	-266.67
THOM			868.00		THOMA		868.00	0.00
THOM			1,107.00		THOMA		1107.00	0.00
THOM			868.00		THOMA		868.00	0.00
THOM			868.00		THOMA		868.00	0.00
WILLI			1,107.00		WILLIA		1107.00	0.00
WILLI			1,157.00		WILLIA		1157.00	0.00
WILLI			830.00		WILLIA		830.00	0.00
WILLS			830.00		WILLS,		830.00	0.00
WILSO			830.00		WILSO		830.00	0.00
WILSO			1,132.00		WILSO		1132.00	0.00
WILSO			1,157.00		WILSO		1157.00	0.00
WILSO			830.00		WILSO		830.00	0.00
WINE			800.00		Wine, H		800.00	0.00

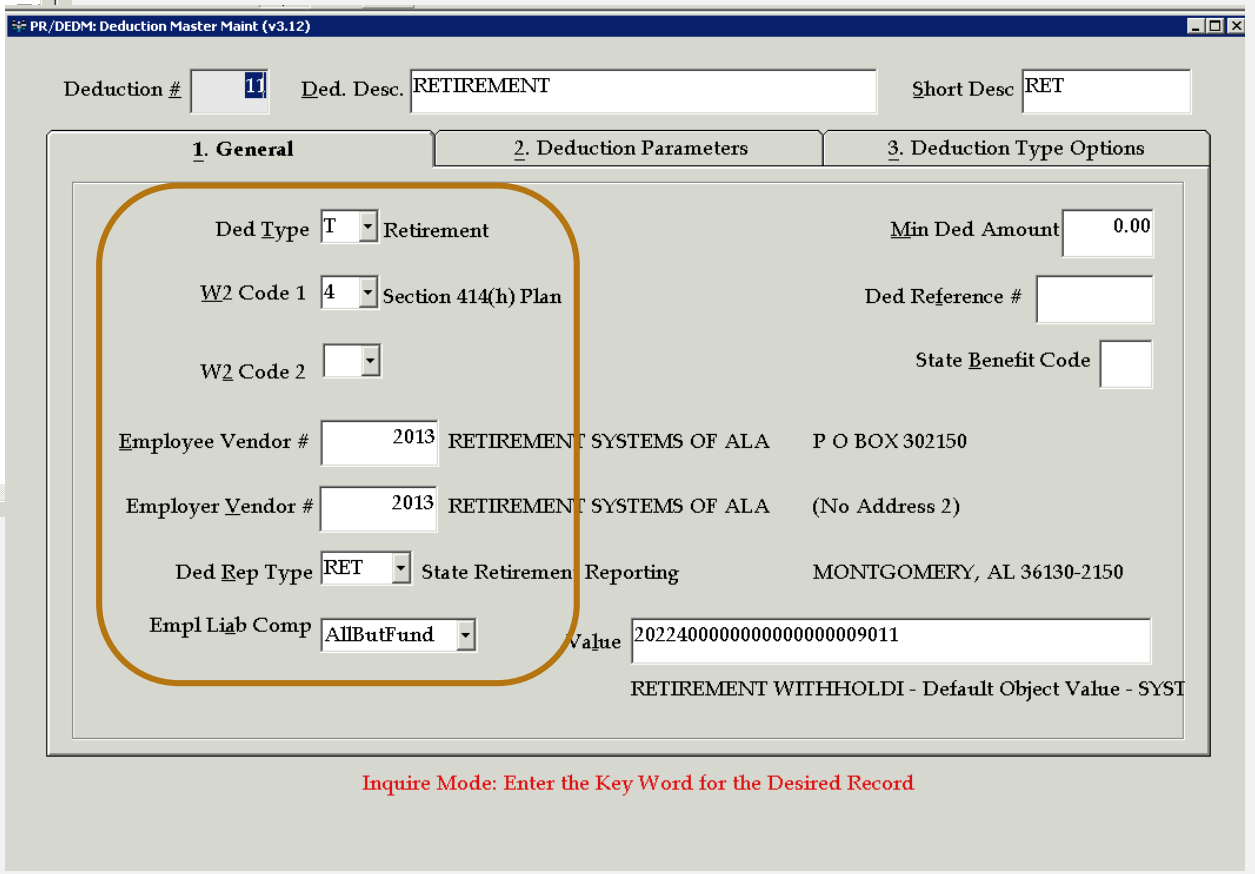
Differences should be addressed on the invoice correction or by issuing an additional payment to PEEHIP

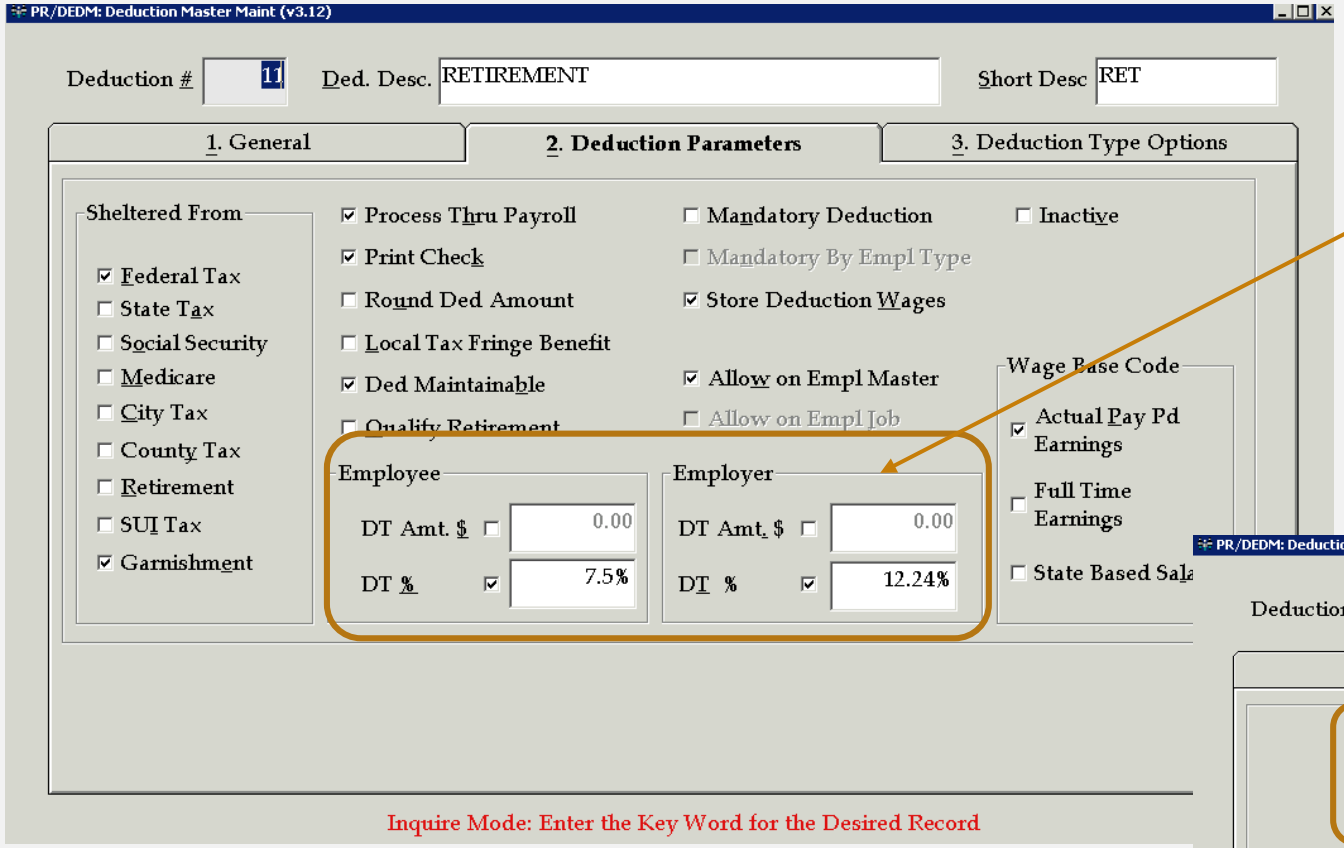
TEACHERS RETIREMENT MANDATORY DEDUCTION

- How does your system handle deductions for Tier 1 and Tier 2
  - One deduction: Master deduction set to one tier, manually change deduction percentages for employees on different tier.
  - Two deductions: Select correct deduction number when entering deductions for new employee.
- Verify correct retirement tier through Employer ESS
- One monthly remittance after end of month payroll is process. Due by 10th day of following month.
  - Generate contribution report through the Application Center in Nextgen
  - Upload contribution report through Employer ESS
    - https://ess.rsa-al.gov/
      - User Name and Password will be unique to each employee

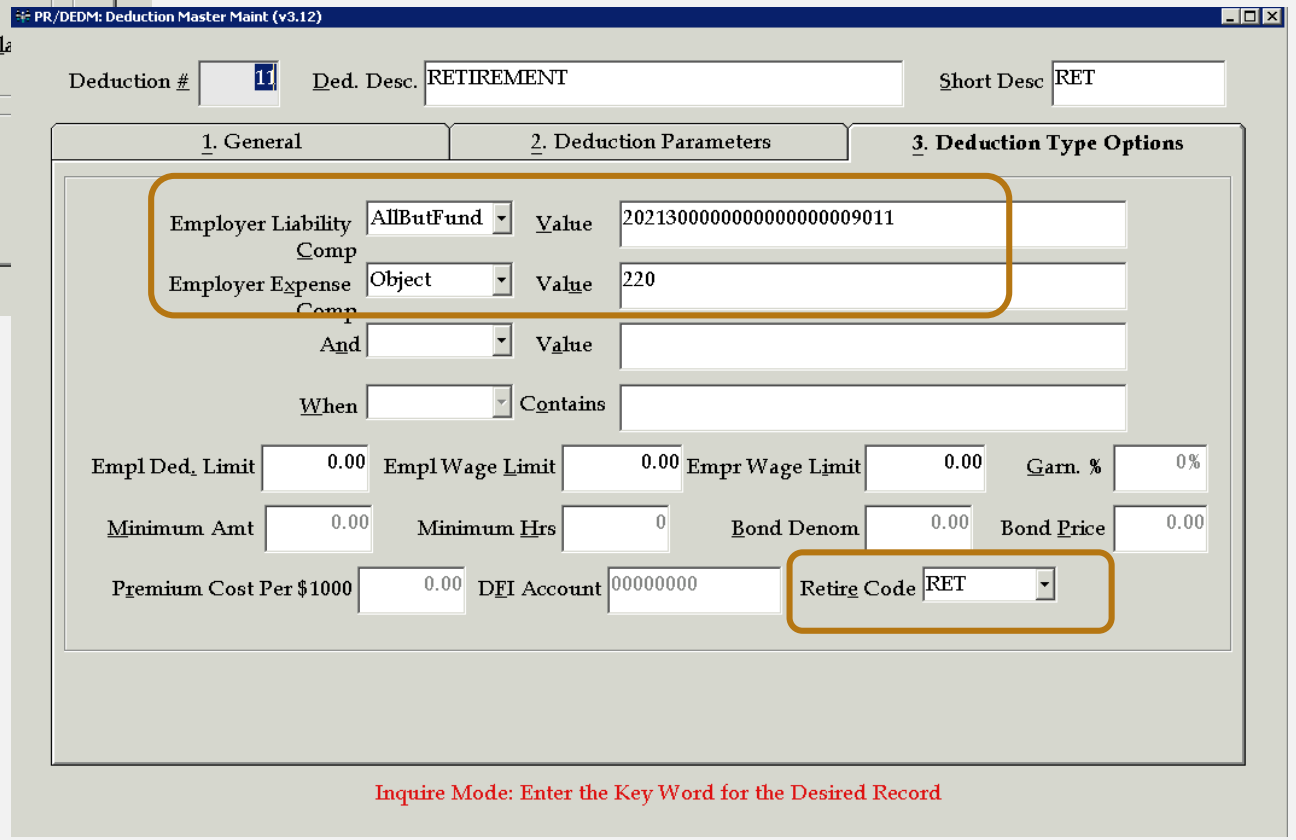
RETIREMENT DEDUCTION SET UP



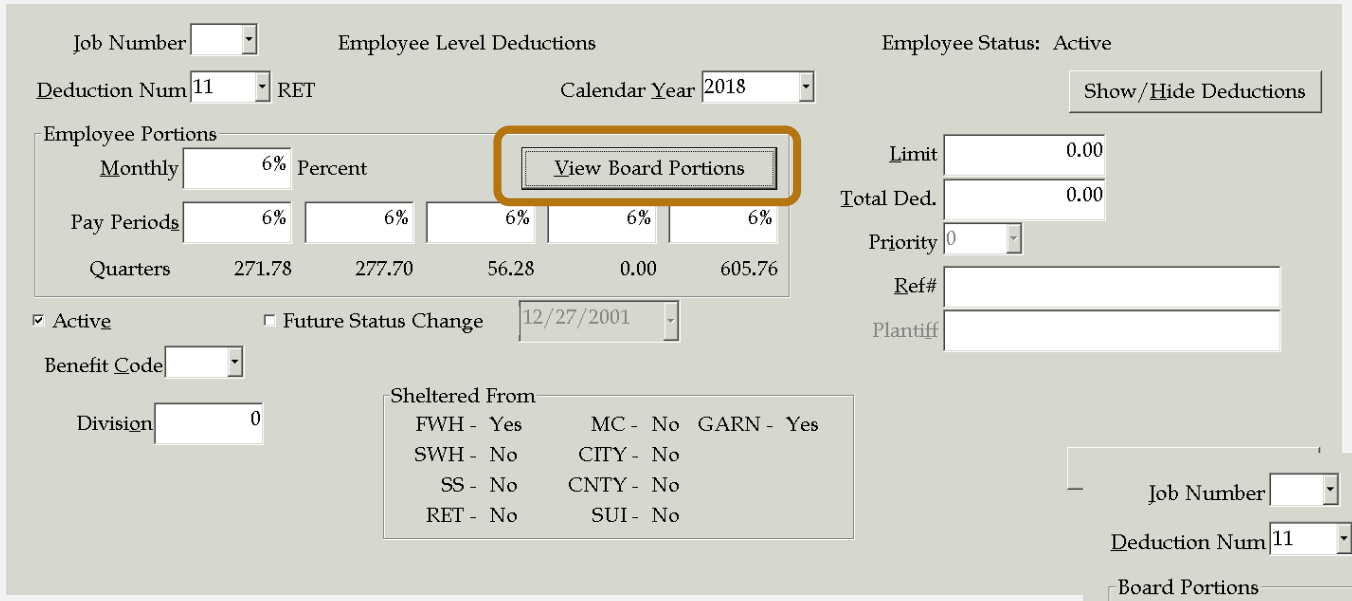


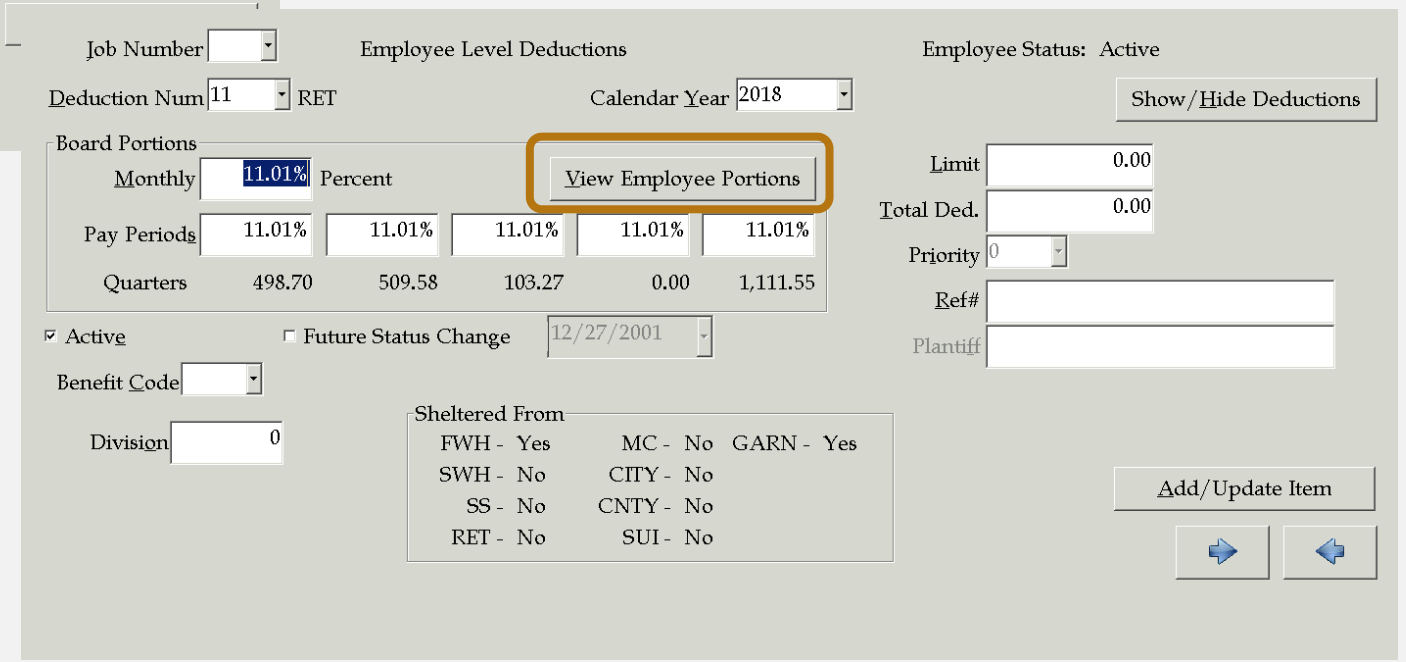


Using one deduction - choose which Tier to populate. Using two deductions you will set up each Tier on separate deduction numbers.

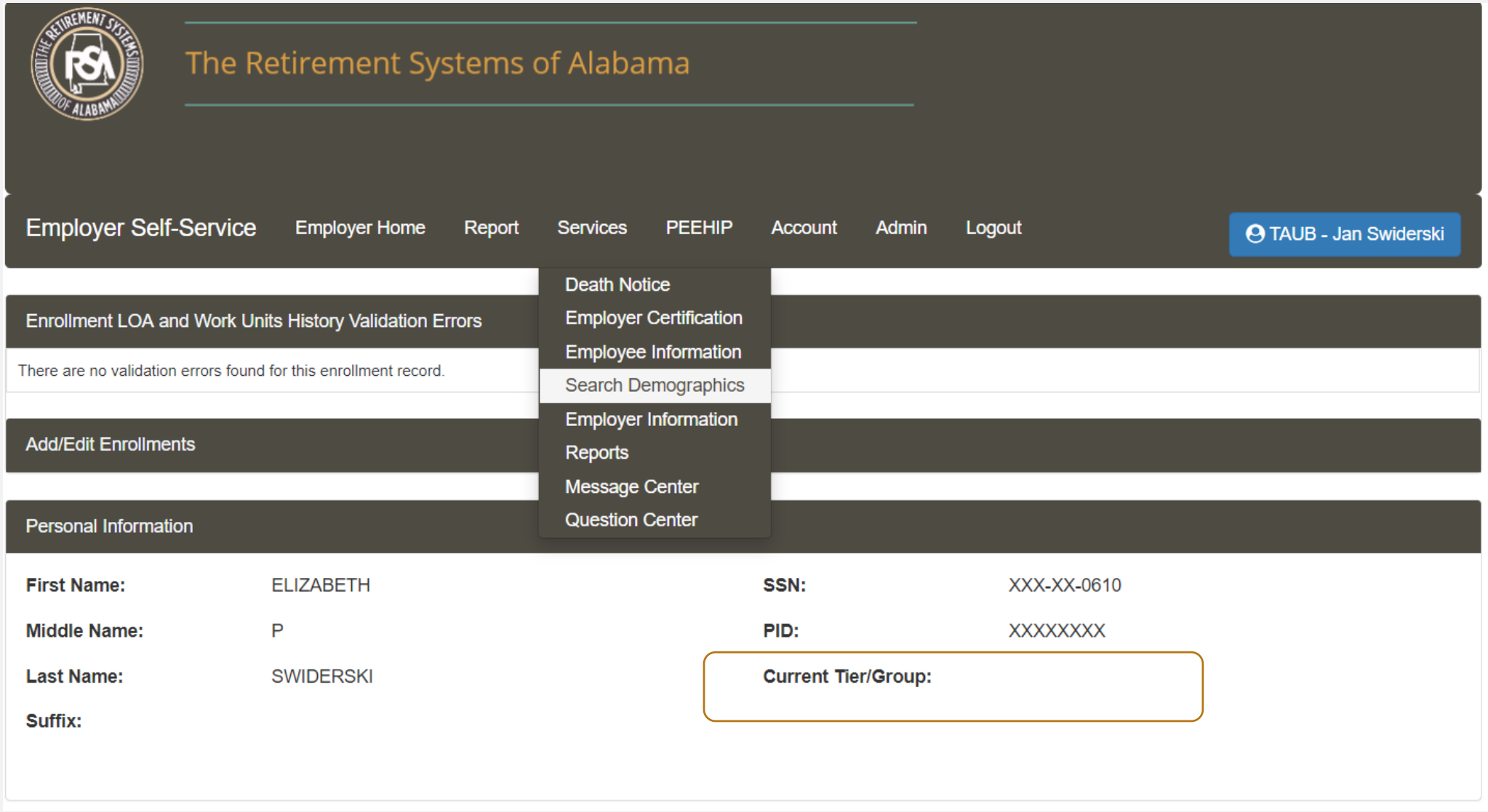


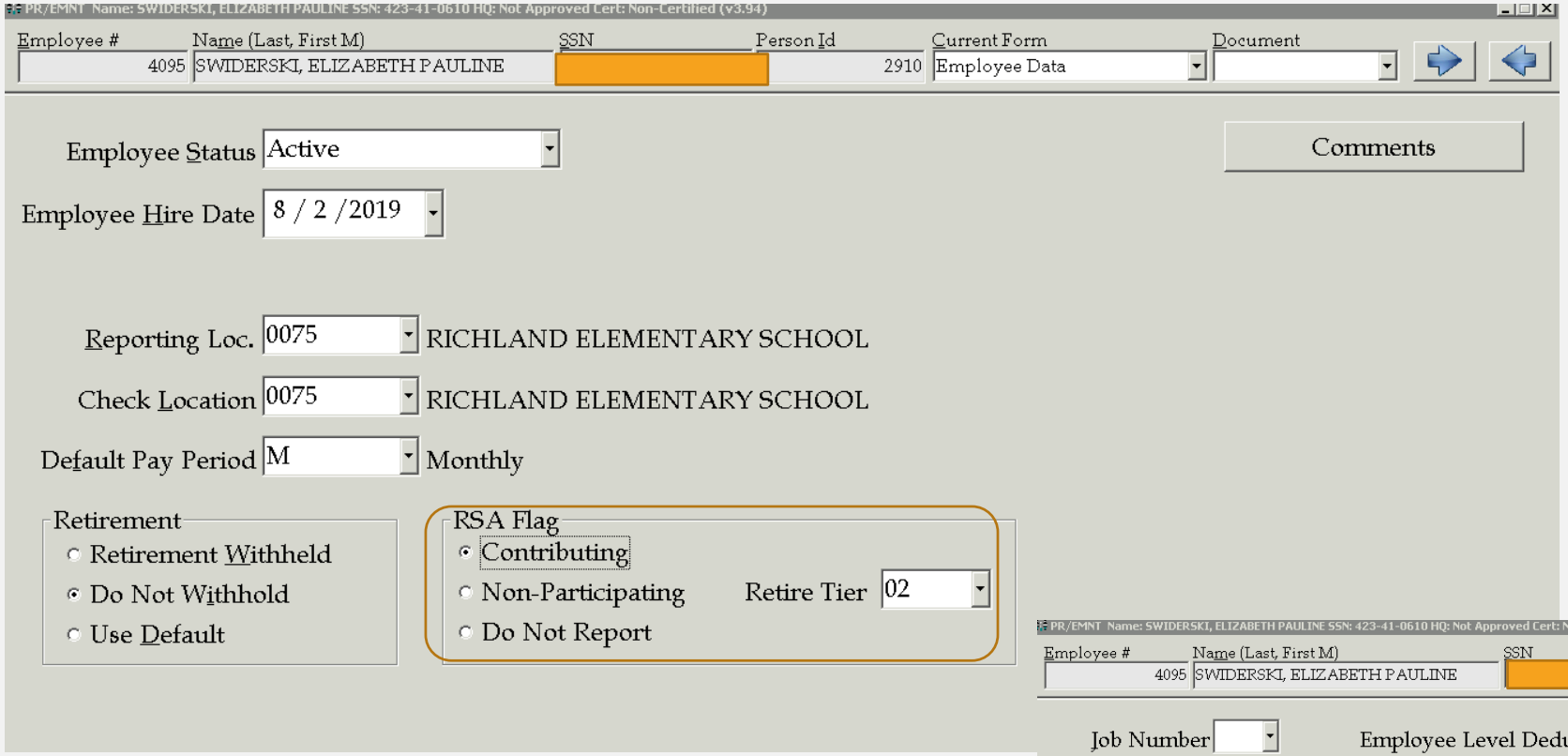
ADDING RETIREMENT DEDUCTION TO EMPLOYEE

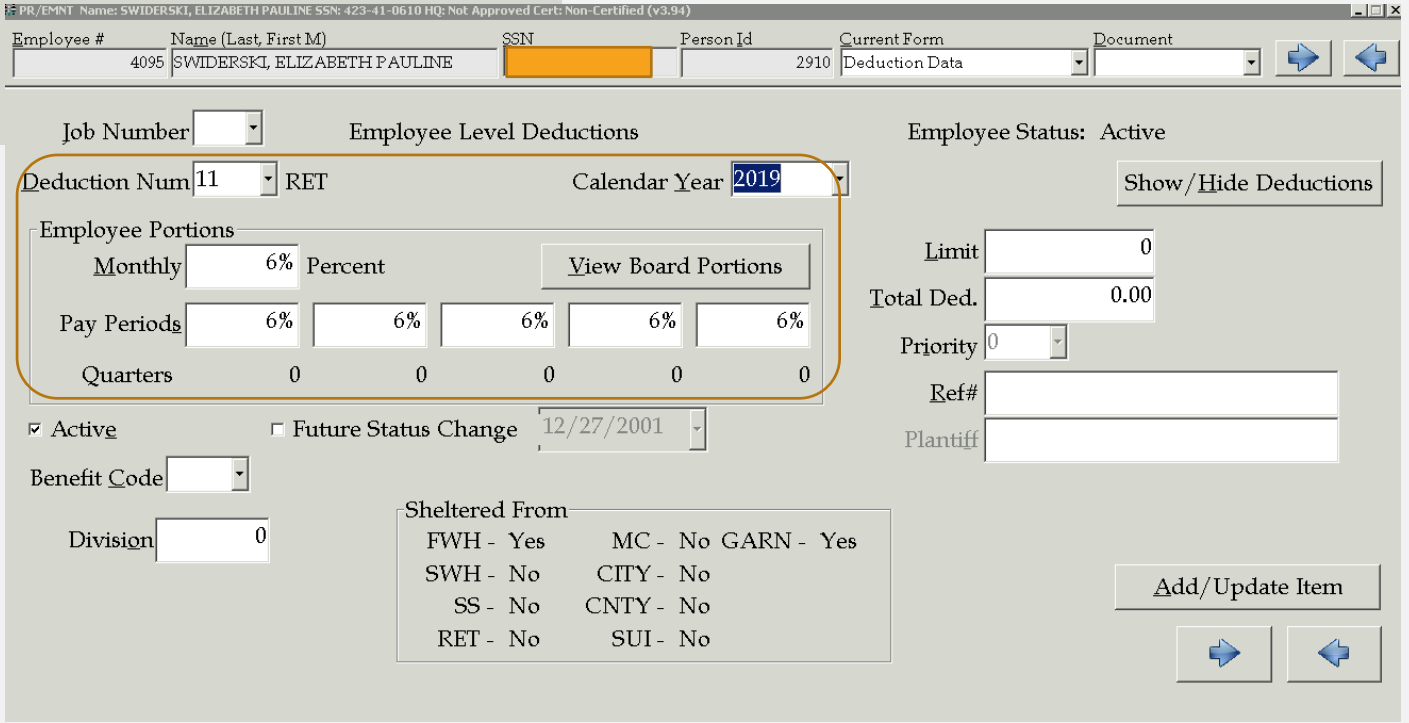




DETERMINING TIER STATUS




PR/EMNT Name: SWIDERSKI, ELIZABETH PAULINE SSN: 423-41-0610 HQ: Not Approved Cert: Non-Certified (v3.94)
Employee # 4095
Name (Last, First M) SWIDERSKI, ELIZABETH PAULINE
SSN
Person Id 2910
Current Form Employee Data
Document
Comments
Employee Status Active
Employee Hire Date 8 / 2 /2019
Reporting Loc. 0075 RICHLAND ELEMENTARY SCHOOL
Check Location 0075 RICHLAND ELEMENTARY SCHOOL
Default Pay Period M Monthly
Retirement
Retirement Withheld
Do Not Withhold
Use Default
RSA Flag
Contributing
Non-Participating
Do Not Report
Retire Tier 02


PR/EMNT Name: SWIDERSKI, ELIZABETH PAULINE SSN: 423-41-0610 HQ: Not Approved Cert: Non-Certified (v3.94)
Employee # 4095
Name (Last, First M) SWIDERSKI, ELIZABETH PAULINE
SSN
Person Id 2910
Current Form Deduction Data
Document
Job Number
Employee Level Deductions
Employee Status: Active
Deduction Num 11 RET
Calendar Year 2019
Show/Hide Deductions
Employee Portions
Monthly 6% Percent
View Board Portions
Pay Periods 6% 6% 6% 6% 6%
Quarters 0 0 0 0 0
Limit 0
Total Ded. 0.00
Priority 0
Ref#
Plantiff
Active
Future Status Change 12/27/2001
Benefit Code
Division 0
Sheltered From
FWH - Yes MC - No GARN - Yes
SWH - No CITY - No
SS - No CNTY - No
RET - No SUI - No
Add/Update Item

LEAVE TYPES

- Sick Leave
  - As mandated by the State of Alabama, sick leave can only be taken for reasons outlined Title 16, Chapter 1, Section 16-1-18.1 of the Code of Alabama. (see attached Employee Leave Laws for Alabama Public School Employees)
- Personal Leave
  - 2 Free personal leave days given to full time employees.
    - If not used may be converted to sick leave or paid to certified employees if requested
- Vacation Leave
  - The local board of education may adopt policies and procedures to provide paid vacations to employees
- Sick Leave Bank
  - Membership is optional
  - Must request to borrow days
  - Must repay borrowed days as sick leave is earned
  - With hold any days owed from last pay
- Catastrophic Sick Leave
  - Must be a member of the sick leave bank to request catastrophic leave
  - Must qualify for catastrophic leave
  - Must exhaust all leave prior to receiving donated days
- FMLA
  - Employee may request or Employer may mandate FMLA
  - Conditions must meet FMLA requirements
  - Develop policy to cover if FMLA and employee's leave runs concurrent

It is very important for your system to have policies governing each leave type

ENTERING LEAVE

- Nextgen will allow an employee to use the sick leave day that is earned during the current month
- If manually keying leave in Input pay, the system will not allow you to key more days than employee has accrued
- If employee is members of the Sick Leave Bank, you will be prompted to "borrow from the bank"
  - Only answer "yes" if employee has requested to borrow days
- If leave is imported, system will convert days not covered to leave without pay
- Depending on your policy, you may need to make corrections to the without pay conversion

INPUT LEAVE

Job Number 1 Employee Type: 13TC TEACHER - 13 MONTH Job Status: Active

Leave Information

Leave Yr 2019 Leave Type Leave Units: Day

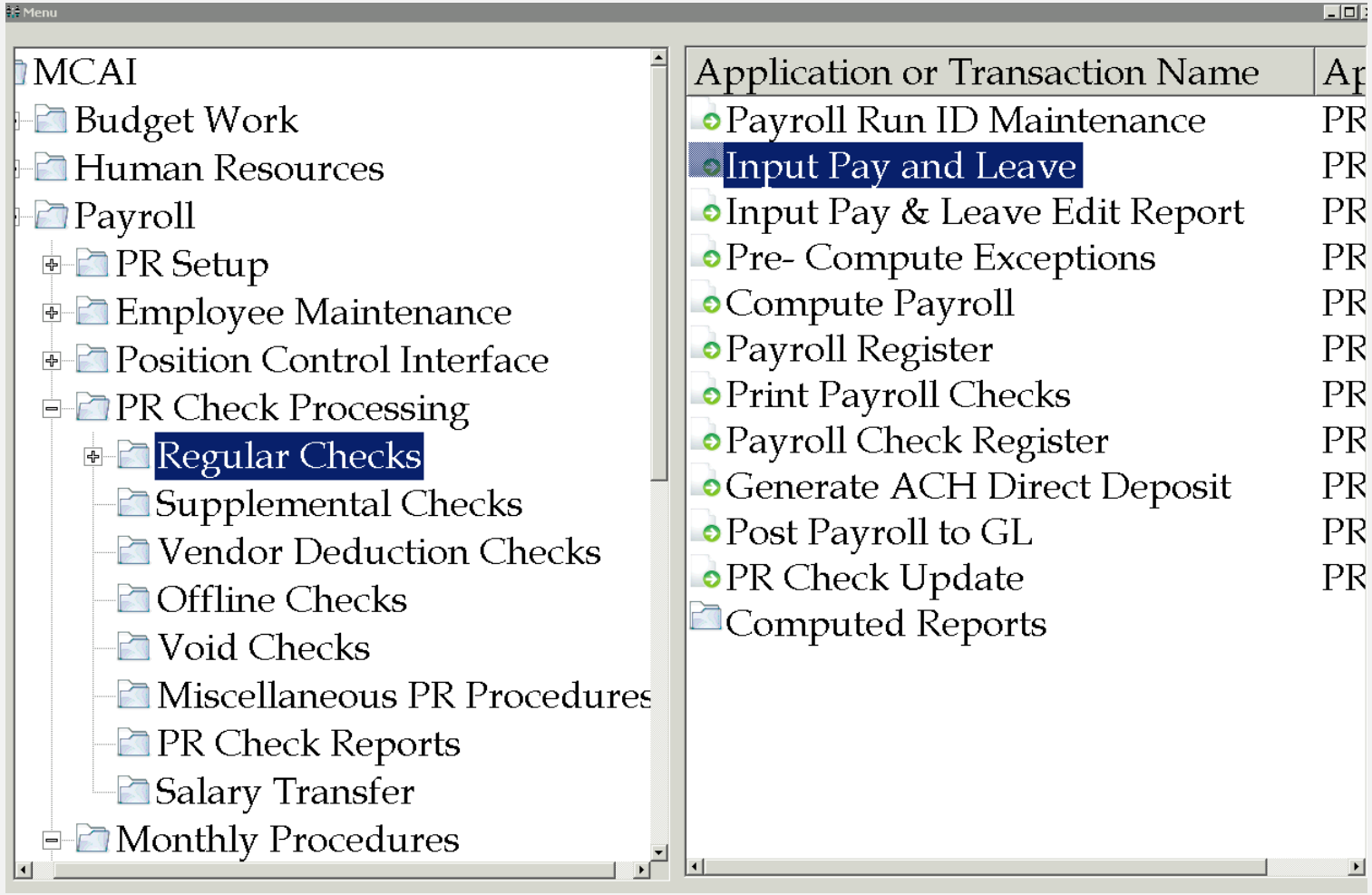
Allowed 0.00 Max at EOY 0.00 Accrual Date 8 / 3 /2017 Active Add/Update Leave Item

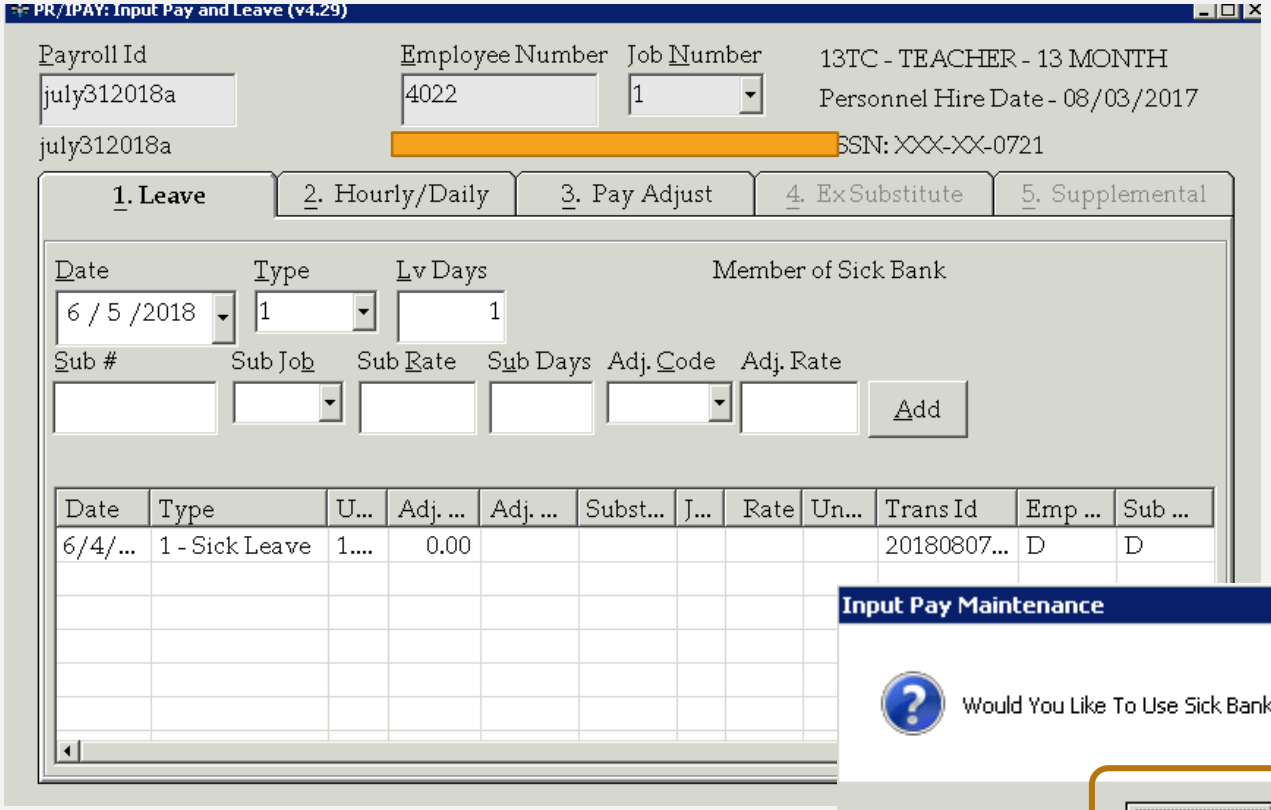
Beg. Bal. 0.00 Accrued YTD 0.00 Taken YTD 0.00 Balance 0.00

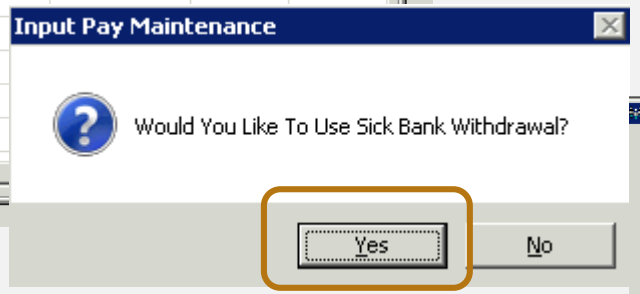
Type	Description	All...	Beg Bal	Accrued	Taken	Max.	Balance	Active	Acc. Date	Adjust...
1	Sick Leave	9.00	6.00	0.00	0.00	999.00	1.00	Yes	08/03/20...	-5
2	Certified P...	3.00	0.00	3.00	0.00	3.00	3.00	Yes	8/3/2017	0.00
SB	Sick Bank	0.00	0.00	0.00	0.00	0.00	5.00	Yes	08/07/20...	5

View Fringe Benefit Data

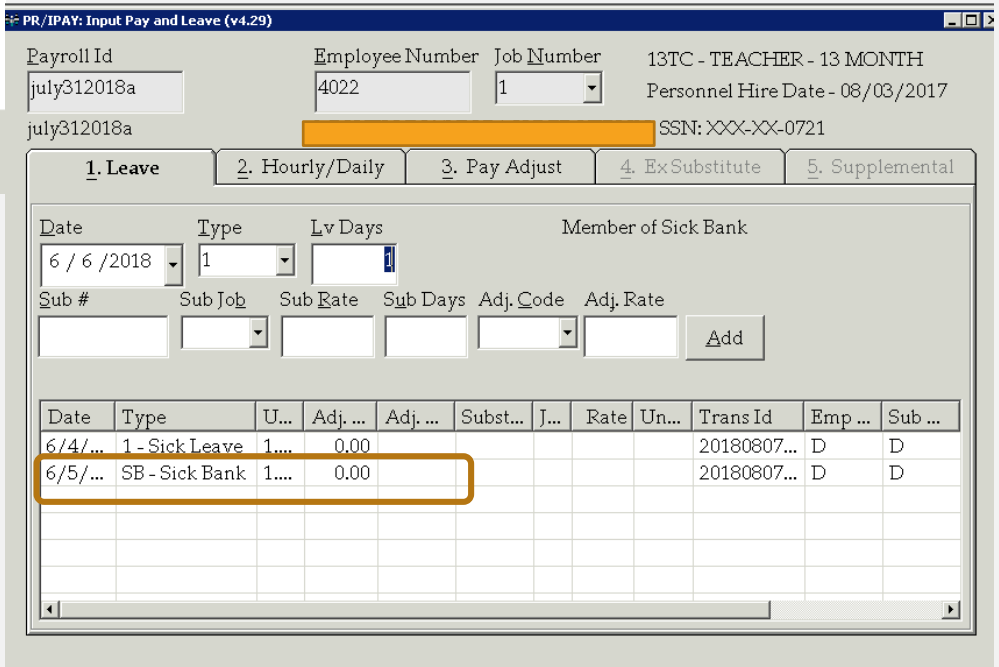
Record Changed

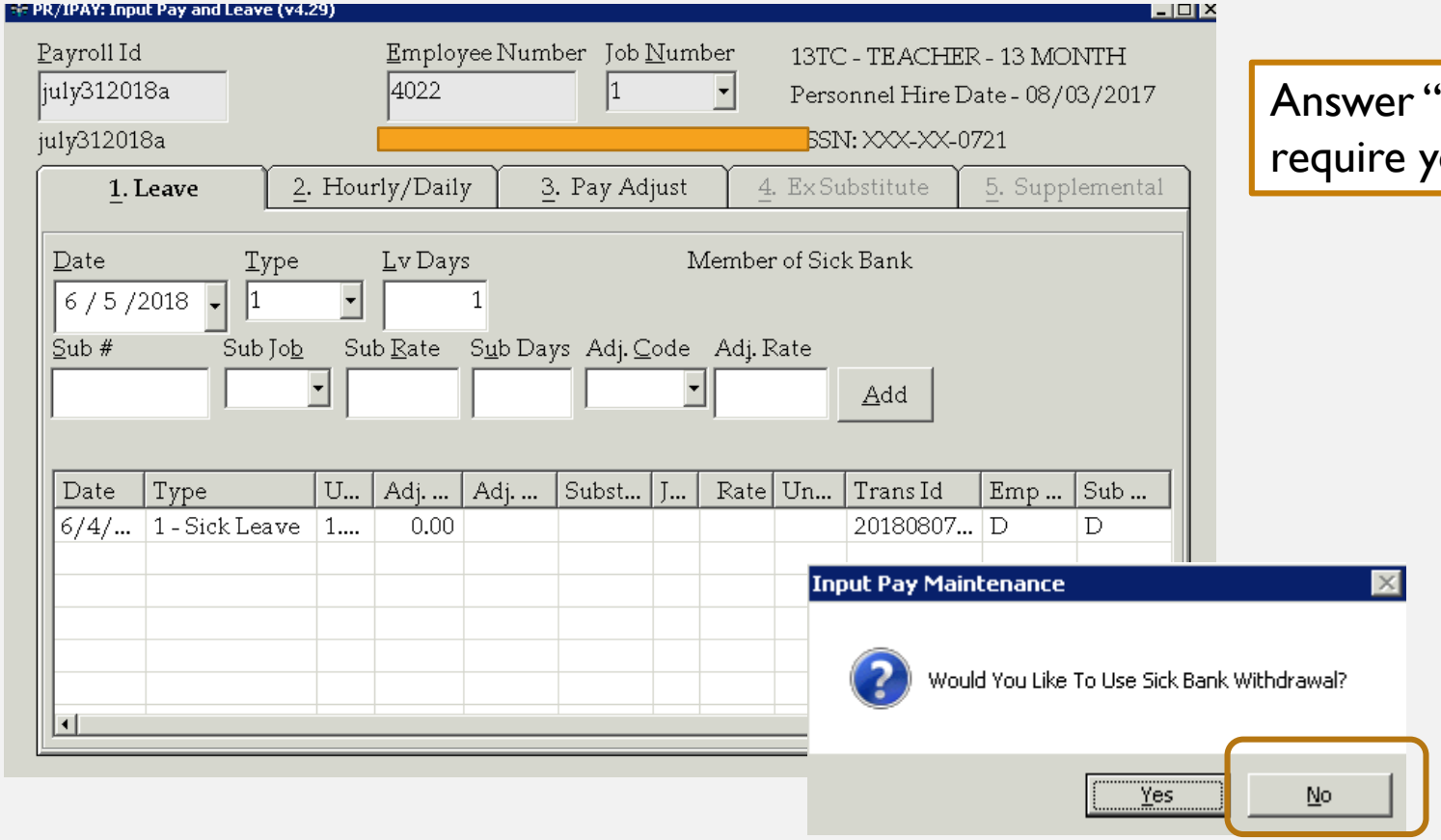

Menu
MCAI
Budget Work
Human Resources
Payroll
PR Setup
Employee Maintenance
Position Control Interface
PR Check Processing
Regular Checks
Supplemental Checks
Vendor Deduction Checks
Offline Checks
Void Checks
Miscellaneous PR Procedures
PR Check Reports
Salary Transfer
Monthly Procedures
Application or Transaction Name
Ap
Payroll Run ID Maintenance
PR
Input Pay and Leave
PR
Input Pay & Leave Edit Report
PR
Pre- Compute Exceptions
PR
Compute Payroll
PR
Payroll Register
PR
Print Payroll Checks
PR
Payroll Check Register
PR
Generate ACH Direct Deposit
PR
Post Payroll to GL
PR
PR Check Update
PR
Computed Reports



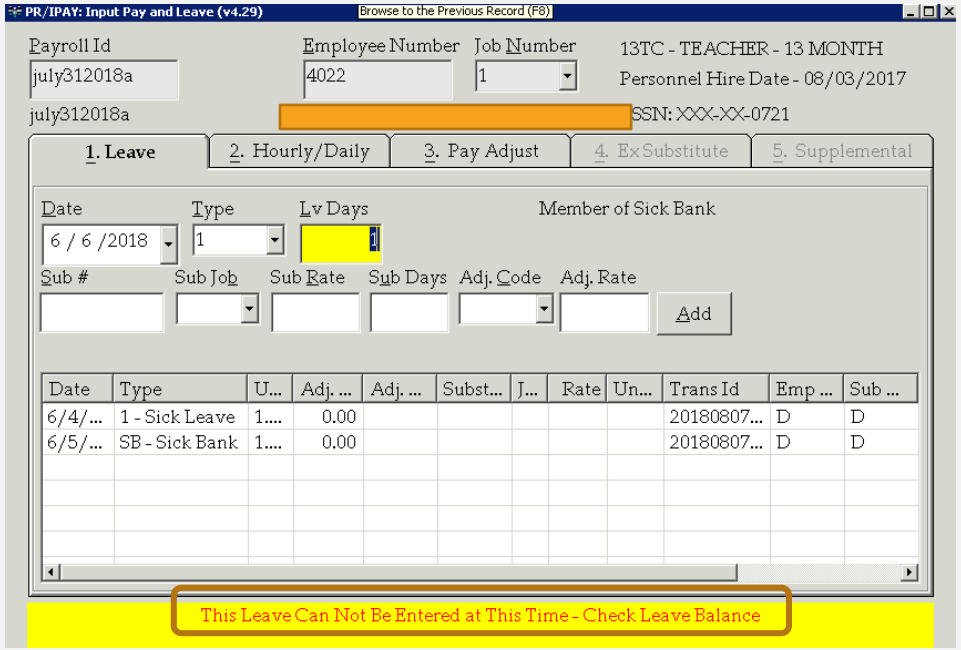


Answer "yes" to the prompt, Nextgen allows you to add the sick leave day.





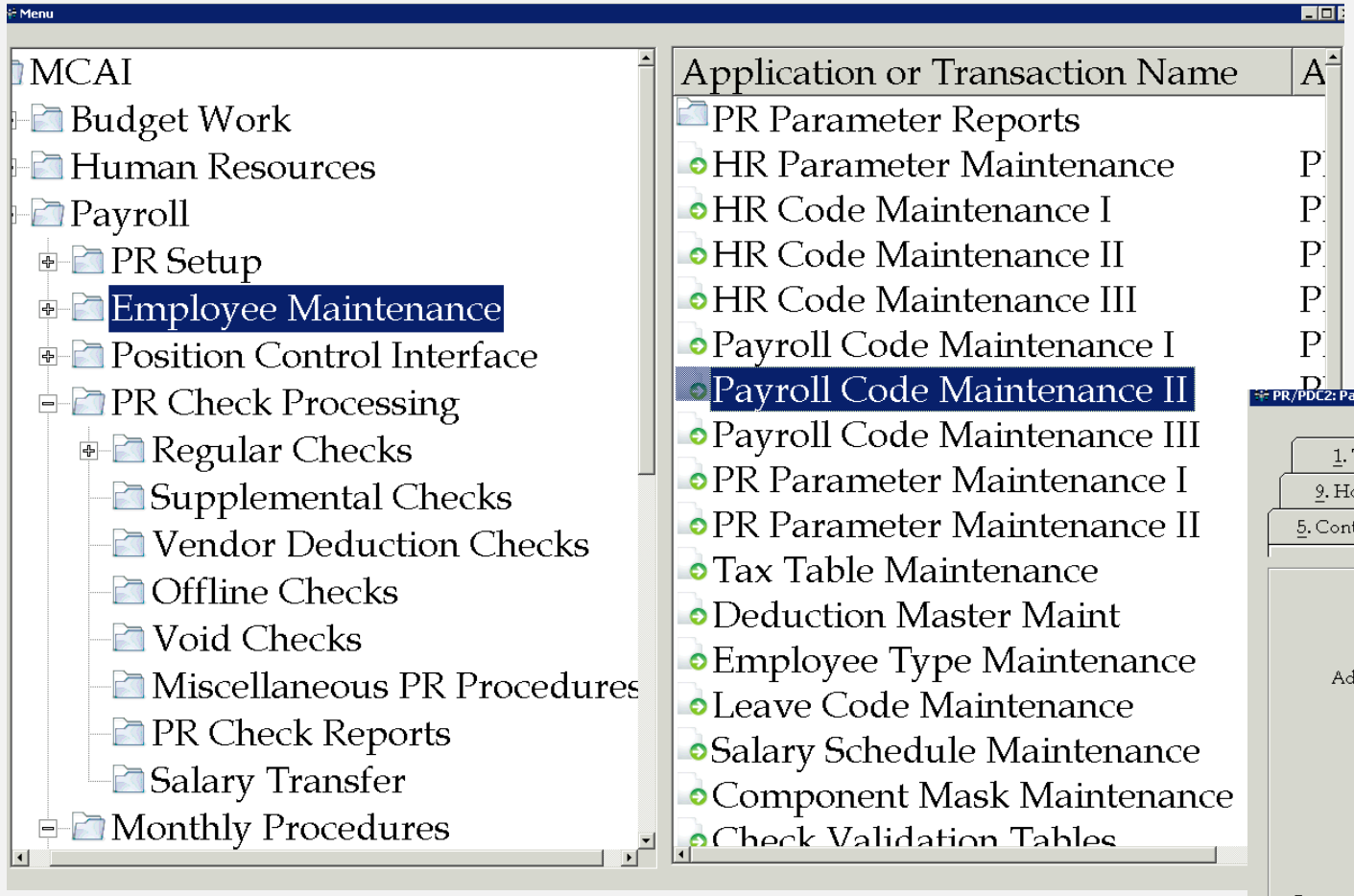
Answer "no" to the prompt, Nextgen will require you to change leave type to take



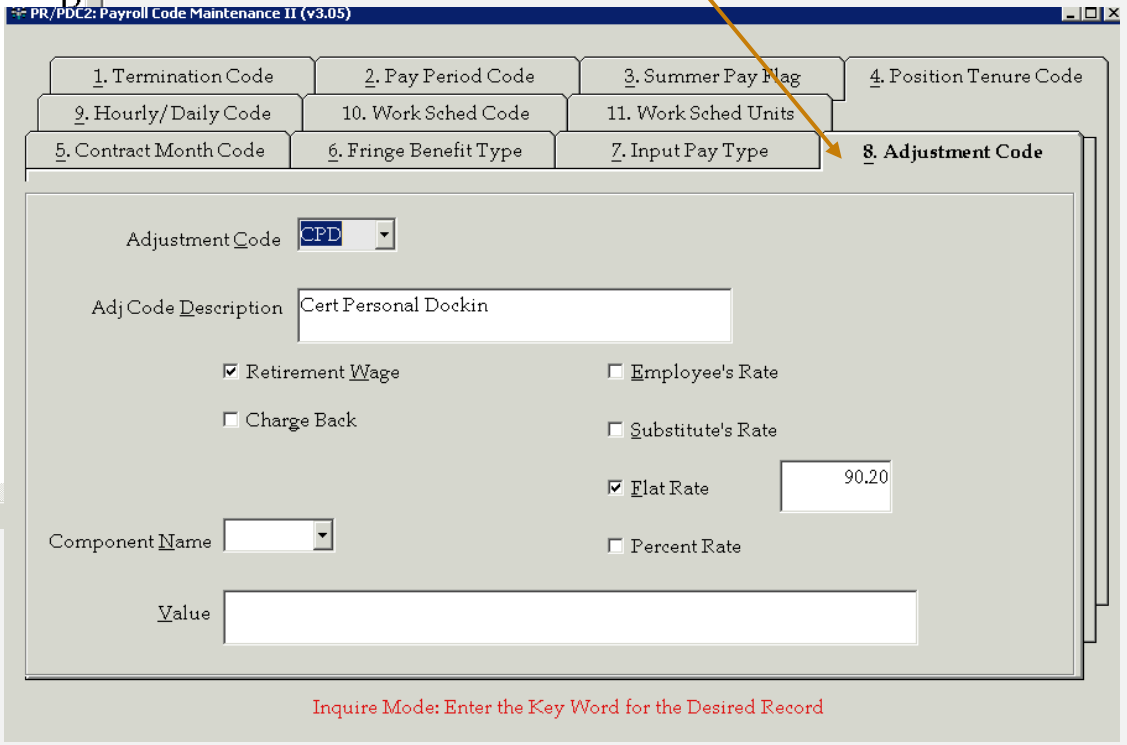
PERSONAL LEAVE

- Each full time employee is given 2 free personal leave days per year
- Each system can allow up to an addition 3 purchased personal leave days per year
- Personal leave days not taken are converted to sick leave at the end of the leave year
  - Certified employees can request to be paid for their unused free personal leave days
- Personal leave days entered as personal leave. The system will determine free or purchased.
  - Set personal leave dock amount in Nextgen

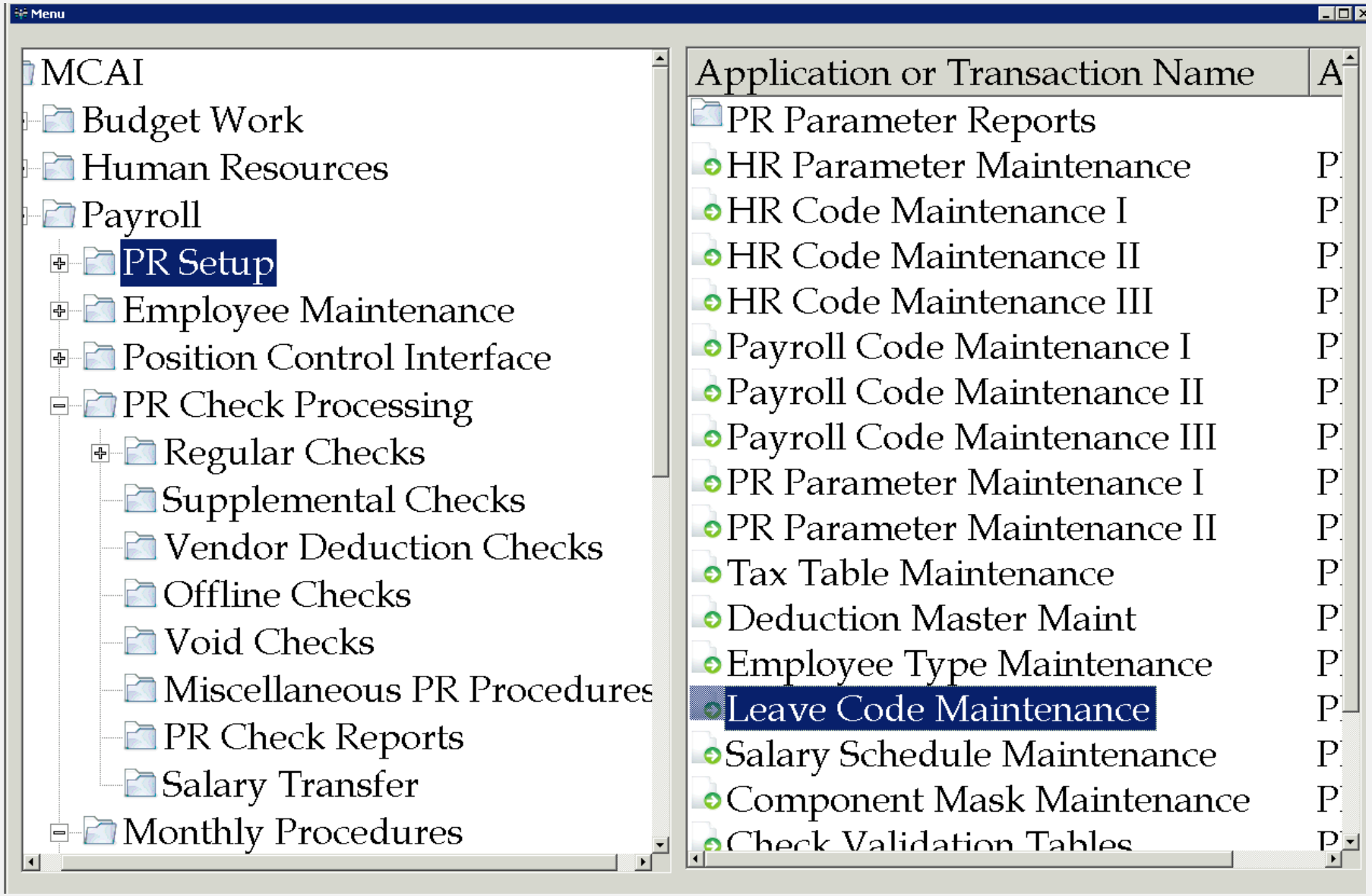
SET PERSONAL LEAVE DOCK AMOUNT

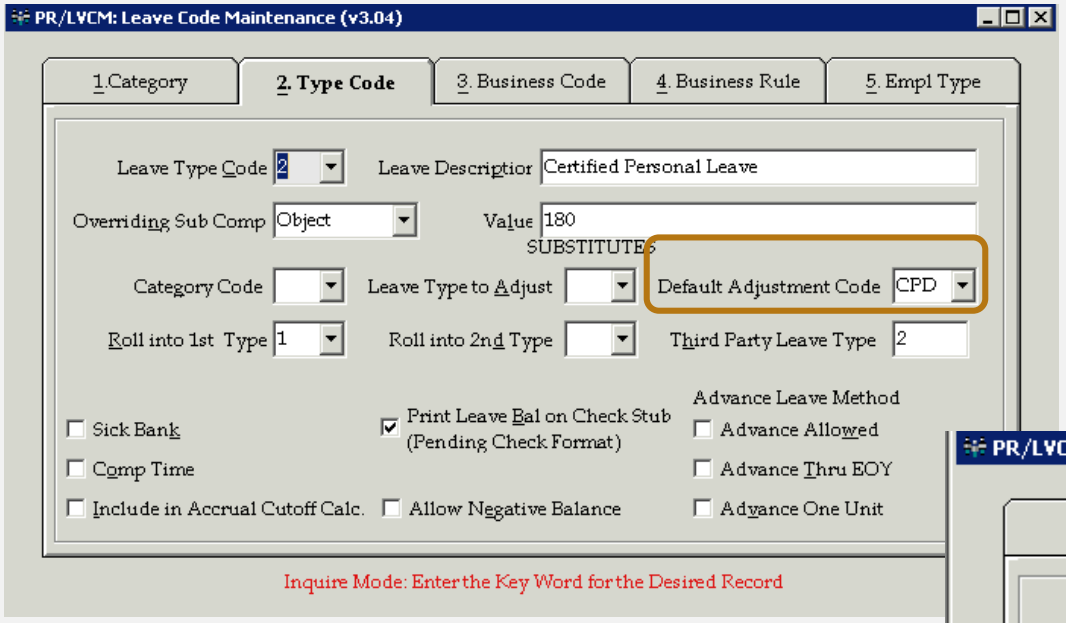


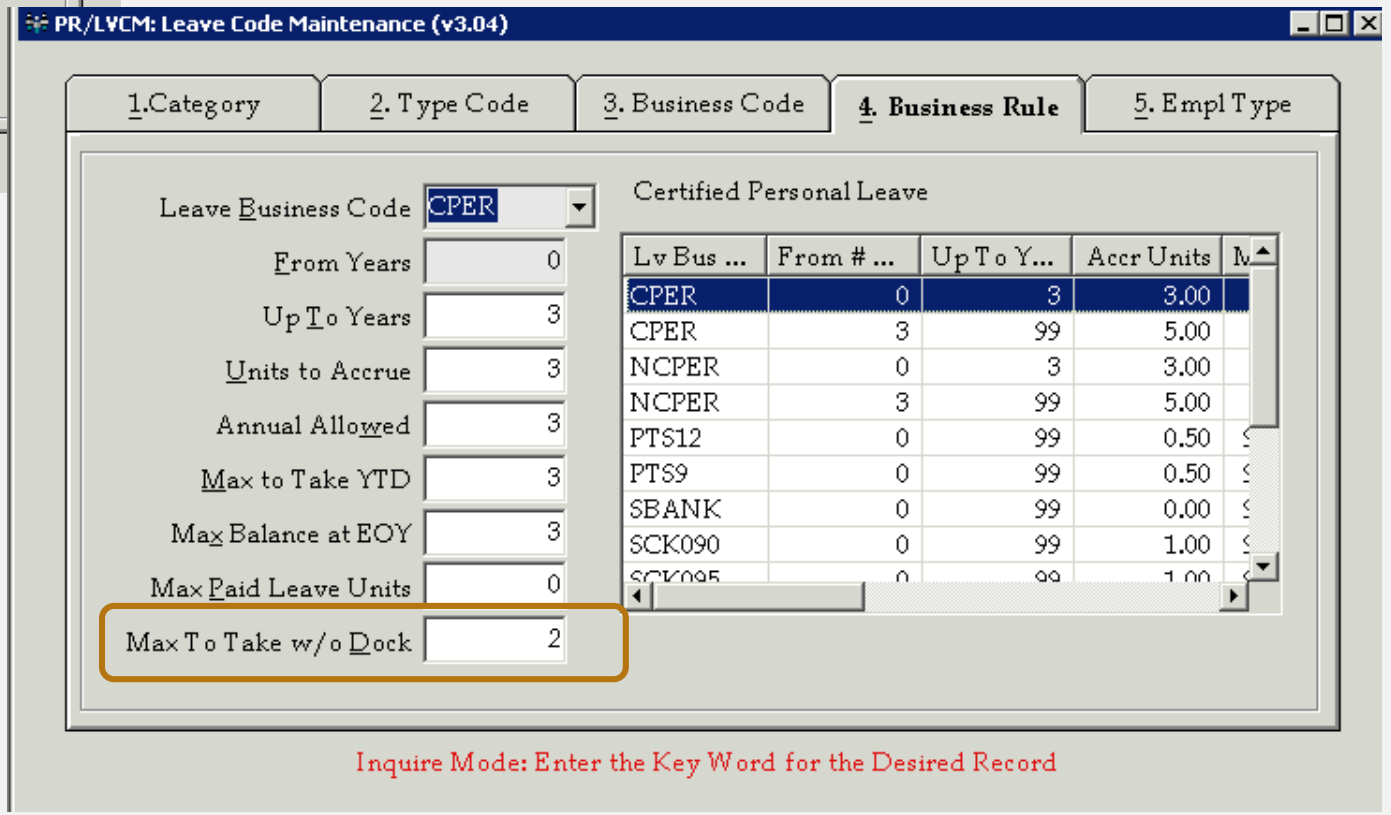
If you have different amounts for Certified and Classified employees, you will need to establish two separate adjustment codes



SET WORK RULE GOVERNING FREE/PURCHASED PERSONAL LEAVE




PR/LVCM: Leave Code Maintenance (v3.04)
1.Category
2. Type Code
3. Business Code
4. Business Rule
5. Empl Type
Leave Type Code 2
Leave Description Certified Personal Leave
Overriding Sub Comp Object
Value 180
SUBSTITUTES
Category Code
Leave Type to Adjust
Default Adjustment Code CPD
Roll into 1st Type 1
Roll into 2nd Type
Third Party Leave Type 2
Advance Leave Method
Sick Bank
Print Leave Bal on Check Stub (Pending Check Format)
Advance Allowed
Comp Time
Advance Thru EOY
Include in Accrual Cutoff Calc.
Allow Negative Balance
Advance One Unit
Inquire Mode: Enter the Key Word for the Desired Record


PR/LVCM: Leave Code Maintenance (v3.04)
1.Category
2. Type Code
3. Business Code
4. Business Rule
5. Empl Type
Leave Business Code CPER
Certified Personal Leave
From Years 0
Up To Years 3
Units to Accrue 3
Annual Allowed 3
Max to Take YTD 3
Max Balance at EOY 3
Max Paid Leave Units 0
Max To Take w/o Dock 2
Lv Bus ... | From # ... | Up To Y... | Accr Units
CPER 0 3 3.00
CPER 3 99 5.00
NCPER 0 3 3.00
NCPER 3 99 5.00
PTS12 0 99 0.50
PTS9 0 99 0.50
SBANK 0 99 0.00
SCK090 0 99 1.00
Inquire Mode: Enter the Key Word for the Desired Record

PERSONAL LEAVE CONVERSION

- Unused personal leave is converted to sick leave during new year leave initialization
- Certified employees may choose to receive pay for unused free personal leave days
- Request must be in writing prior to new leave year initialization
- Converted days must be adjusted from leave balance prior to initialization
- Pay for unused free personal leave days is made through input pay
  - Develop input pay adjustment code for personal leave compensation

AUBURN CITY SCHOOLS

PERSONAL LEAVE CONVERSION

A Certified Employee may choose to convert all unused personal leave days to sick leave days or to be compensated for the first 2 available personal leave days if not used at the end of the school year.

Personal leave compensation will be reimbursed at $57.00 per day, the substitute rate, for the first 2 unused Personal Leave days.

Choose one of the following options.

Check One:

Convert my unused Personal Leave to Sick Leave _____

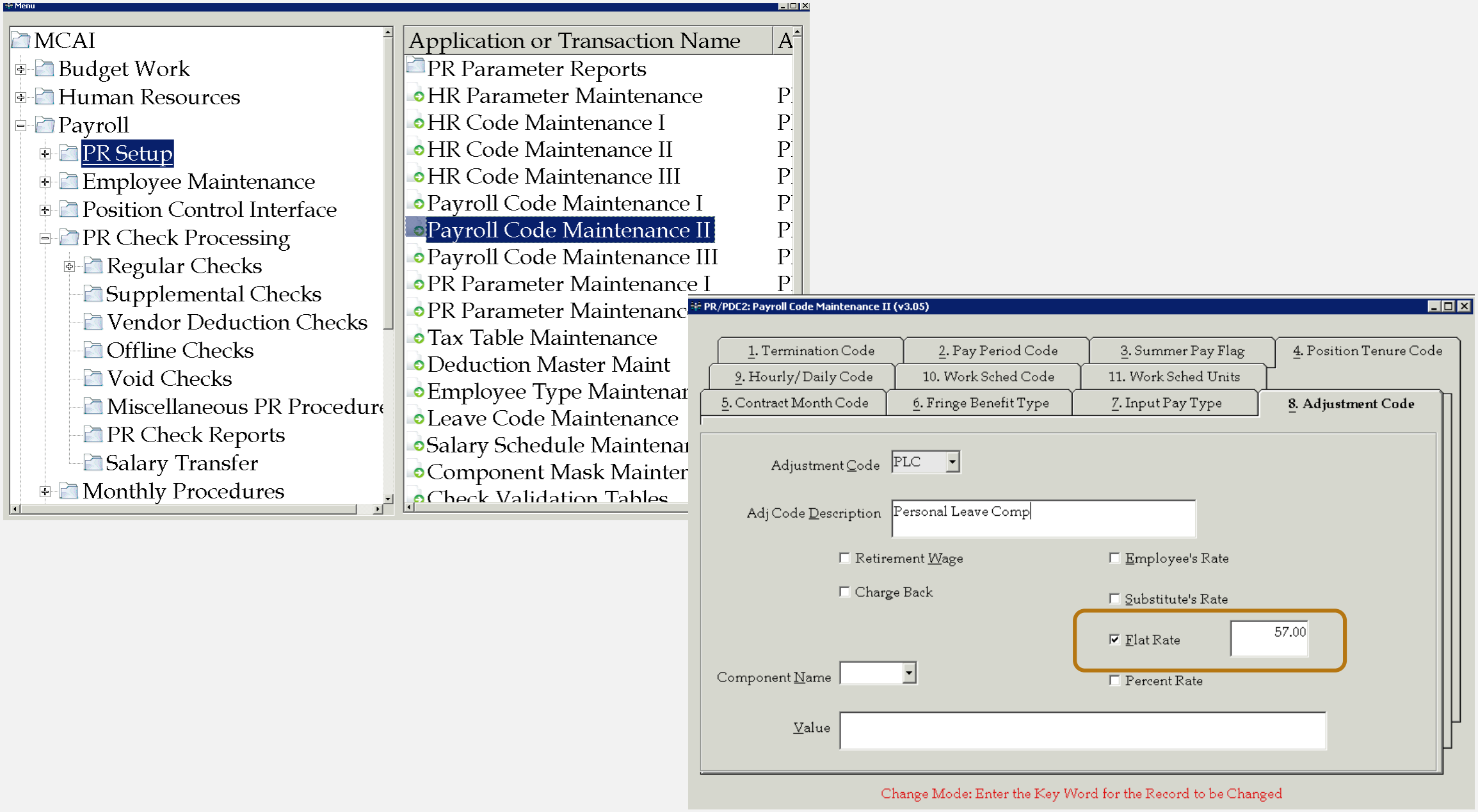
Do not convert my unused Personal Leave to Sick Leave _____

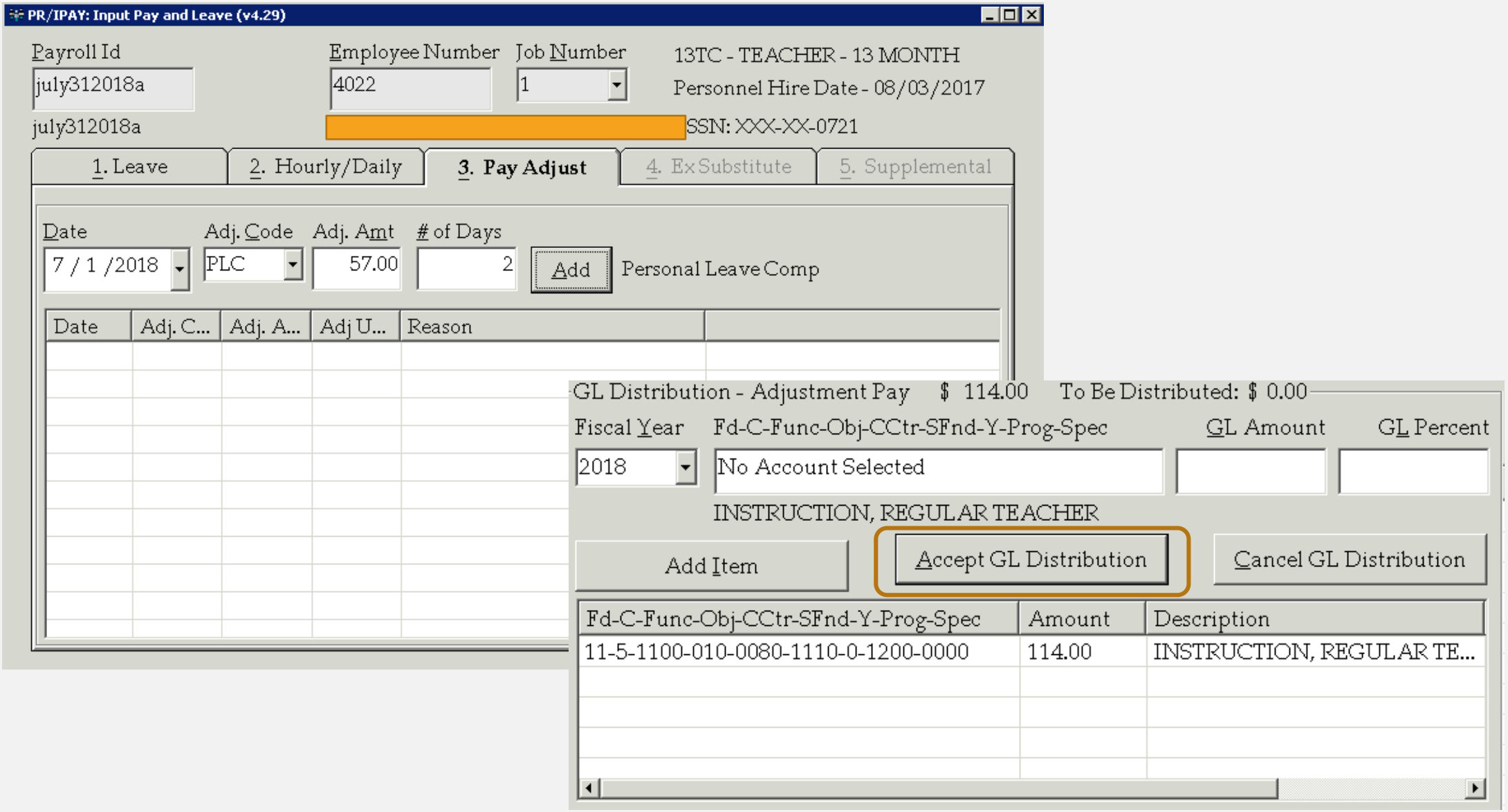
SIGNATURE_____

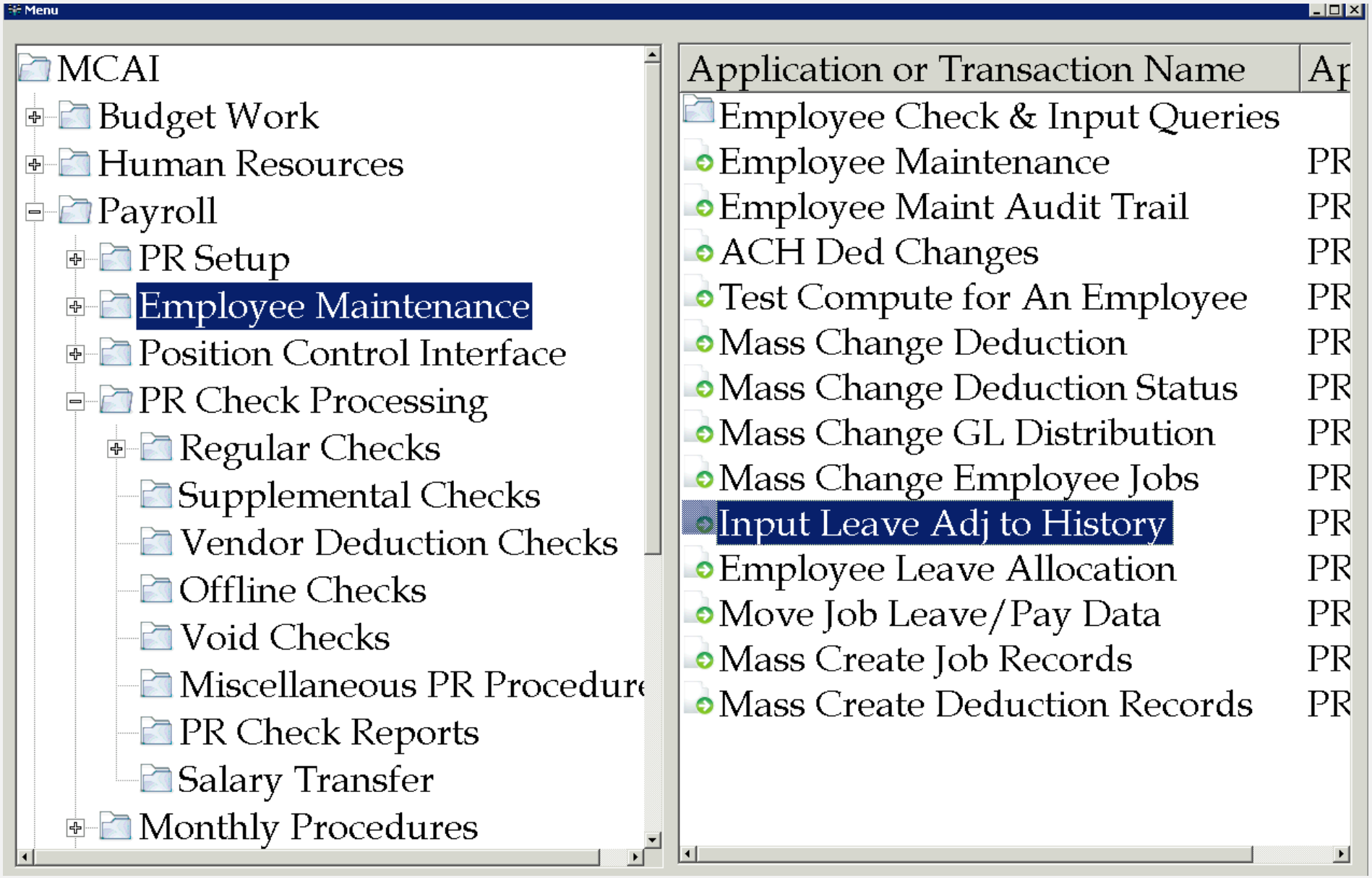
DATE_____

This form is due each year before June 15 in order to choose to receive compensation for unused days.

If an employee does not submit a form, the unused Personal Leave days will automatically be converted to Sick Leave.


Menu
MCAI
Budget Work
Human Resources
Payroll
PR Setup
Employee Maintenance
Position Control Interface
PR Check Processing
Regular Checks
Supplemental Checks
Vendor Deduction Checks
Offline Checks
Void Checks
Miscellaneous PR Procedure
PR Check Reports
Salary Transfer
Monthly Procedures
Application or Transaction Name
PR Parameter Reports
HR Parameter Maintenance
HR Code Maintenance I
HR Code Maintenance II
HR Code Maintenance III
Payroll Code Maintenance I
Payroll Code Maintenance II
Payroll Code Maintenance III
PR Parameter Maintenance I
Tax Table Maintenance
Deduction Master Maint
Leave Code Maintenance
Component Mask Mainter
PR/PDC2: Payroll Code Maintenance II (v3.05)
1. Termination Code
2. Pay Period Code
3. Summer Pay Flag
4. Position Tenure Code
9. Hourly/Daily Code
10. Work Sched Code
11. Work Sched Units
5. Contract Month Code
6. Fringe Benefit Type
7. Input Pay Type
8. Adjustment Code
Adjustment Code
PLC
Adj Code Description
Personal Leave Comp
Retirement Wage
Employee's Rate
Charge Back
Substitute's Rate
Flat Rate
57.00
Component Name
Percent Rate
Value
Change Mode: Enter the Key Word for the Record to be Changed


PR/IPAY: Input Pay and Leave (v4.29)
Payroll Id
july312018a
Employee Number
4022
Job Number
1
13TC - TEACHER - 13 MONTH
Personnel Hire Date - 08/03/2017
july312018a
SSN: XXX-XX-0721
1. Leave
2. Hourly/Daily
3. Pay Adjust
4. Ex Substitute
5. Supplemental
Date
Adj. Code
Adj. Amt
# of Days
7 / 1 /2018
PLC
57.00
2
Add
Personal Leave Comp
Date
Adj. C...
Adj. A...
Adj U...
Reason
GL Distribution - Adjustment Pay $ 114.00 To Be Distributed: $ 0.00
Fiscal Year
Fd-C-Func-Obj-CCtr-SFnd-Y-Prog-Spec
GL Amount
GL Percent
2018
No Account Selected
INSTRUCTION, REGULAR TEACHER
Add Item
Accept GL Distribution
Cancel GL Distribution
Fd-C-Func-Obj-CCtr-SFnd-Y-Prog-Spec
Amount
Description
11-5-1100-010-0080-1110-0-1200-0000
114.00
INSTRUCTION, REGULAR TE...


Menu
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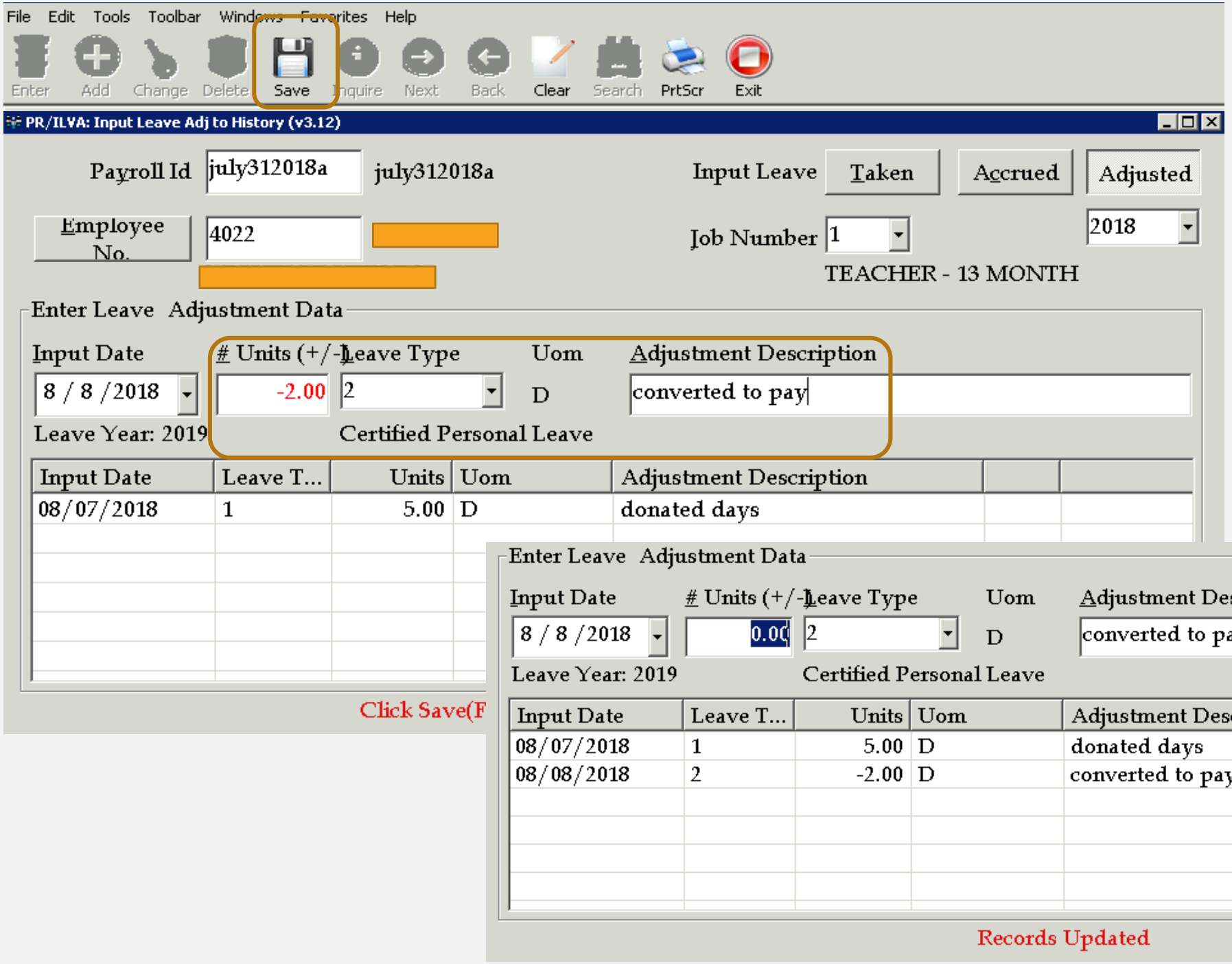
Void Checks
Miscellaneous PR Procedure
PR Check Reports
Salary Transfer
Monthly Procedures
Application or Transaction Name
Ap
Employee Check & Input Queries
Employee Maintenance PR
Employee Maint Audit Trail PR
ACH Ded Changes PR
Test Compute for An Employee PR
Mass Change Deduction PR
Mass Change Deduction Status PR
Mass Change GL Distribution PR
Mass Change Employee Jobs PR
Input Leave Adj to History PR
Employee Leave Allocation PR
Move Job Leave/Pay Data PR
Mass Create Job Records PR
Mass Create Deduction Records PR


File Edit Tools Toolbar Windows Favorites Help
Enter Add Change Delete Save Inquire Next Back Clear Search PrtScr Exit
PR/ILVA: Input Leave Adj to History (v3.12)
Payroll Id july312018a july312018a
Input Leave Taken Accrued Adjusted
Employee No. 4022
Job Number 1
2018
TEACHER - 13 MONTH
Enter Leave Adjustment Data
Input Date # Units (+/-) Leave Type Uom Adjustment Description
8 / 8 /2018 -2.00 2 D converted to pay
Leave Year: 2019 Certified Personal Leave
Input Date Leave T... Units Uom Adjustment Description
08/07/2018 1 5.00 D donated days
Click Save(F
Enter Leave Adjustment Data
Input Date # Units (+/-) Leave Type Uom Adjustment Description
8 / 8 /2018 0.00 2 D converted to pay
Leave Year: 2019 Certified Personal Leave
Input Date Leave T... Units Uom Adjustment Description
08/07/2018 1 5.00 D donated days
08/08/2018 2 -2.00 D converted to pay
Records Updated

CATASTROPHIC LEAVE

- MUST be a member of the sick leave bank to request catastrophic leave
- Must be approved for catastrophic leave before donated days can be requested
  - Employee must request catastrophic leave in writing
  - Employee must provide proof of catastrophic nature; physician documentation typically required
- All accrued leave must be used prior to receiving donated days
- Donated days are requested through the sick leave bank
- Donated days can be used to repay the 15 sick leave days required to borrow prior to receiving donated days
- Any donated days not used is returned to the donating employee
- Employee must belong to the sick leave bank to donate days
- Employee can donate up to 30 days per catastrophic event

PROCESSING DONATED DAYS

CATASTROPHIC SICK LEAVE TRANSFER AUTHORIZATION

Donating Employee Information

1. Employee Name:
2. 4 Digit Employee Number:
3. Employee Address:
4. Employee Telephone (s):
5. Employer:

Beneficiary Employee Information

6. Receiving Employee Name:
7. 4 Digit Employee Number:
8. Beneficiary's Employer:

Days to be Donated to Beneficiary (not to exceed 30 days)

9. Number of days to be donated:

Certification of Donating Employee

10. I certify that I hereby donate the above noted number of my sick leave days to the beneficiary employee listed above. My employer has my permission to transfer the indicated number of sick leave days to the employer of the beneficiary for his or her use due to a catastrophic illness/injury as defined by Act 93-753. It is my understanding that my sick leave balance will be reduced by the specified number of days hereon and that the donated days will not be returned to me.

Donating employee's signature: Date:

Witness: Date:

Certification of Donating Employer

11. I hereby certify that the donating employee's information listed above is correct to the best of my knowledge.

Authorized signature: Date:

Receipt of Beneficiary Employer

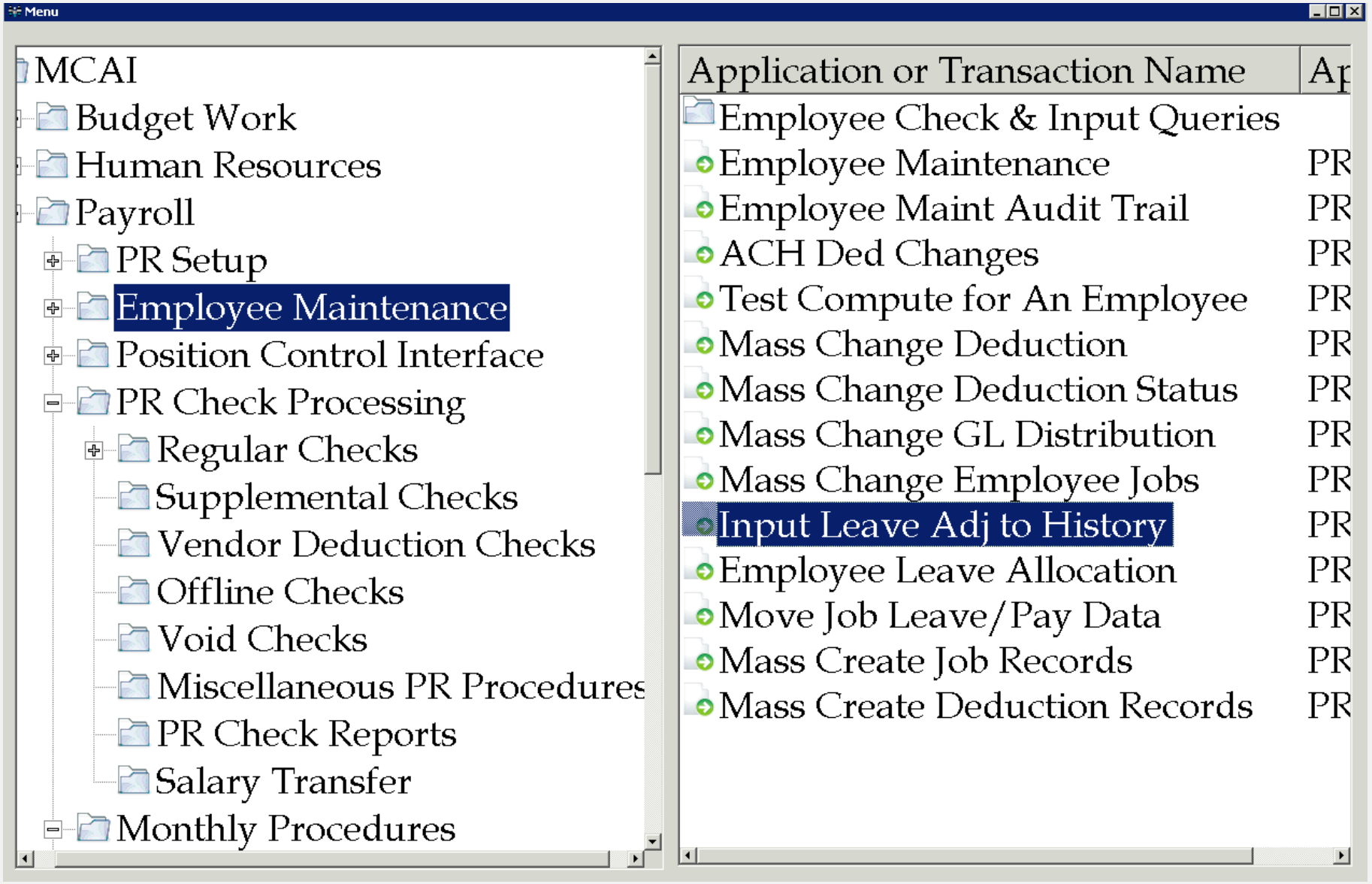
12. The above noted number of sick leave days have been credited to the sick leave account of the beneficiary employee.

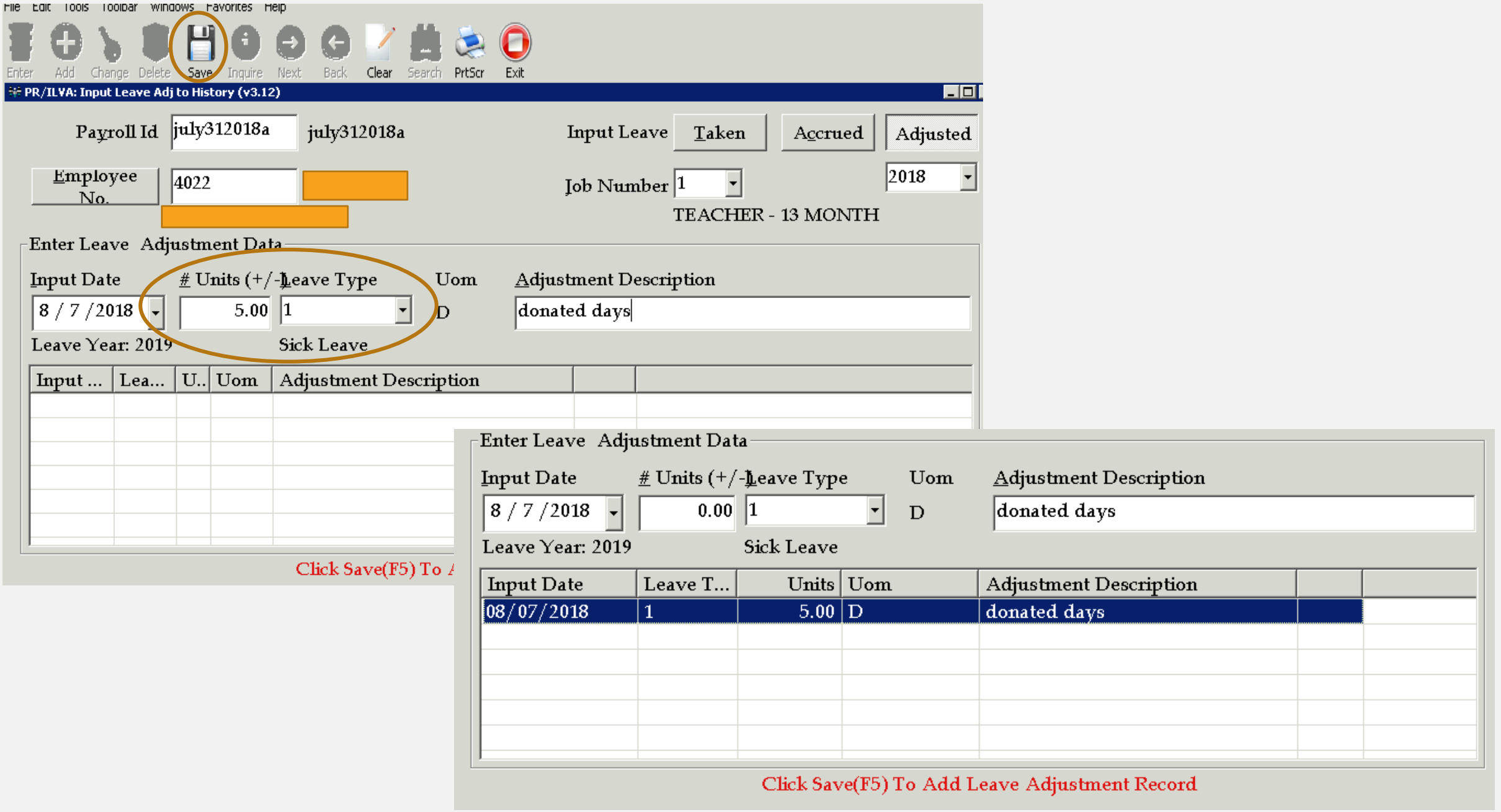
Authorized signature: Date:

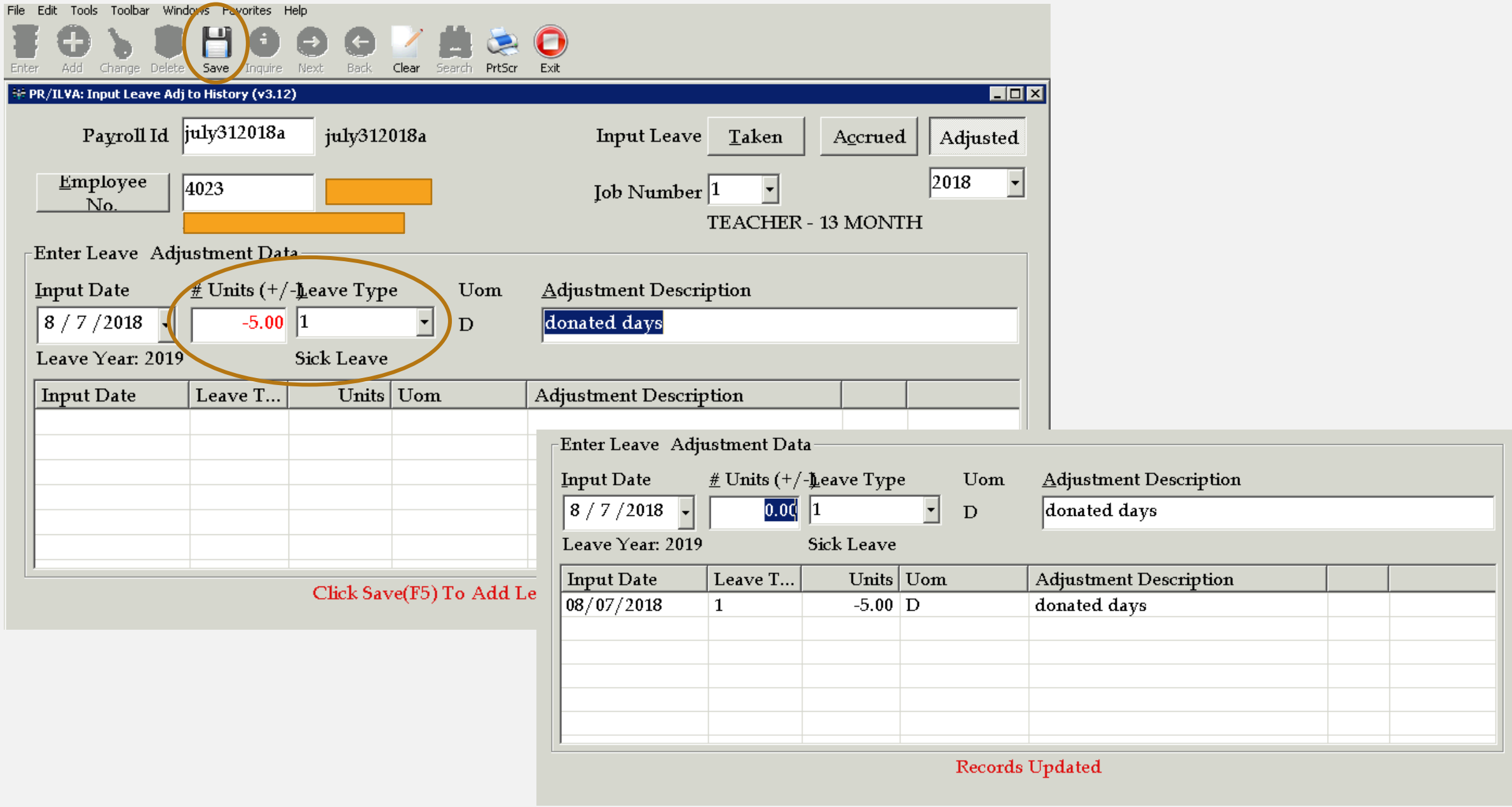
Title:

**If sending donated days to another system I recommend calling system to determine if employee has been awarded catastrophic leave and if employee is in need.

TRANSFERRING DONATED DAYS




File Edit Tools Toolbar Windows Favorites Help
Enter Add Change Delete Save Inquire Next Back Clear Search PrtScr Exit
PR/ILVA: Input Leave Adj to History (v3.12)
Payroll Id july312018a july312018a
Input Leave Taken Accrued Adjusted
Employee No. 4022
Job Number 1
2018
TEACHER - 13 MONTH
Enter Leave Adjustment Data
Input Date # Units (+/-) Leave Type Uom Adjustment Description
8 / 7 /2018 5.00 1 D donated days
Leave Year: 2019 Sick Leave
Input ... Lea... U.. Uom Adjustment Description
Click Save(F5) To A
Enter Leave Adjustment Data
Input Date # Units (+/-) Leave Type Uom Adjustment Description
8 / 7 /2018 0.00 1 D donated days
Leave Year: 2019 Sick Leave
Input Date Leave T... Units Uom Adjustment Description
08/07/2018 1 5.00 D donated days
Click Save(F5) To Add Leave Adjustment Record


File Edit Tools Toolbar Windows Favorites Help
Enter Add Change Delete Save Inquire Next Back Clear Search PrtScr Exit
PR/ILVA: Input Leave Adj to History (v3.12)
Payroll Id july312018a july312018a
Input Leave Taken Accrued Adjusted
Employee No. 4023
Job Number 1
2018
TEACHER - 13 MONTH
Enter Leave Adjustment Data
Input Date # Units (+/-) Leave Type Uom Adjustment Description
8 / 7 /2018 -5.00 1 D donated days
Leave Year: 2019 Sick Leave
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Leave Year: 2019 Sick Leave
Input Date Leave T... Units Uom Adjustment Description
08/07/2018 1 -5.00 D donated days
Records Updated

RUN DATE: 08/12/2020
RUN TIME: 03:22PM

MCAI PAYROLL SYSTEM
EMPLOYEE LEAVE DETAIL REPORT
AUBURN CITY BOARD OF EDUCATION
DATE RANGE 07/01/2019 THRU 06/30/2021 SORTED BY EMPLOYEE NO

EMPLOYEE NO & NAME

3709 MONEY DEBRA

TRANSACTION DATE	LEAVE TYPE TAKEN	UNITS TAKEN			
2019-12-09	Sick Leave		D	30.00	donated days
2019-12-09	Sick Leave	1.00	D		X
2019-12-10	Sick Leave	1.00	D		X
2019-12-11	Sick Leave	1.00	D		X
2019-12-12	Sick Leave	1.00	D		X
2019-12-13	Sick Leave		D	11.00	donated days
2019-12-13	Sick Leave	1.00	D		X
2019-12-16	Sick Leave	1.00	D		X

RUN DATE: 08/12/2020
RUN TIME: 03:25PM

MCAI PAYROLL SYSTEM
EMPLOYEE LEAVE DETAIL REPORT
AUBURN CITY BOARD OF EDUCATION
DATE RANGE 07/01/2019 THRU 06/30/2021 SORTED BY EMPLOYEE NO

EMPLOYEE NO & NAME

3452 CLARK CHARLES

TRANSACTION DATE	LEAVE TYPE TAKEN	UNITS TAKEN			
2019-10-15	NonCert Personal Lea	.50	D		X
2019-10-29	NonCert Personal Lea	.50	D		X
2019-12-03	Sick Leave	.50	D		X
2019-12-13	Sick Leave		D	-5.00	donated to D Money

NO LEAVE TAKEN FOR THIS EMPLOYEE JOB FOR THE DATES SELECTED

EMPLOYEE JOB LEAVE TOTALS =====> 1.50 -5.00

FMLA

- FMLA regulations can be found at https://www.dol.gov/whd/fmla/
- FMLA can be requested by employee or required by employer
  - Supporting documentation is required
- FMLA and accrued leave can be required to run concurrently; your systems policy will dictate how you handle this
- FMLA mandated job security and benefits – not pay
- Change status in PEEHIP portal to FMLA
  - PEEHIP status will not automatically change after FMLA is exhausted; must remember to change status back to active
- Leave processed as normal. Once accrued leave is depleted, employee absences will then be leave without pay
  - You may have to pull from accrued earnings to cover docked days and deductions

YOUR RIGHTS
UNDER THE
FAMILY AND MEDICAL LEAVE ACT OF 1993

FMLA requires covered employers to provide up to **12 weeks** of **unpaid**, **job-protected** leave to "eligible" employees for certain **family and medical reasons**. Employees are eligible if they have worked for a covered employer for **at least one year, and for 1,250 hours** over the previous 12 months, and if there are at least 50 employees within 75 miles.

REASONS FOR TAKING LEAVE: Unpaid leave must be granted for any of the following reasons:

* to care for the employee's child after birth, or placement for adoption or foster care;
* to care for the employee's spouse, son or daughter, or parent, who has a serious health condition;
* for a serious health condition that makes the employee unable to perform the employee's job.

At the employee's or employer's option, certain kinds of paid leave may be substituted for unpaid leave.

ADVANCE NOTICE AND MEDICAL CERTIFICATION: The employee may be required to provide advance leave notice and medical certification. Taking of leave may be denied if requirements are not met.

* The employee ordinarily must provide **30 days** advance notice when leave is "foreseeable".
* An employer may require medical certification to support a request for leave because or a serious health condition, and may require second or third opinions (at the employer's expense) and a fitness for duty report to return to work.

JOB BENEFITS AND PROTECTION:

* For the duration of FMLA leave, the employer must maintain the employee's health coverage under any "group health plan."

* Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

* The use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

UNLAWFUL ACTS BY EMPLOYERS: FMLA makes it unlawful for any employer to:

* interfere with, restrain, or deny the exercise of any right provided under FMLA;

* discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

ENFORCEMENT:

* The U.S. Department of Labor is authorized to investigate and resolve complaints of violations.

* An eligible employee may bring a civil action against an employer for violations.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

**** Note****

Under Section 108 of the FMLA, special rules are applicable to periods of leave **near the conclusion of an academic term** in the case of any eligible employee employed principally in an instructional capacity by any such educational agency or school.