

COMMUNICATION SKILLS & INTERNAL CONTROLS / AUDIT TRAILS

Understanding Your Role as a Payroll Manager
September 19, 2022

By Lynn Buch

Communication Skills

- Top Quality Communication Skills
 - The imparting or exchanging of information
 - The **successful** conveying or sharing of ideas or information
 - Means of **sending** and **receiving** information

- Team Approach

The **TEAM** is counting on **YOU - Payroll Manager!**

- Board of Education
- Superintendent
- School System Administration
- Chief School Finance Officer
- Human Resource Personnel
- Payroll Department Personnel
- Board Employees

78% to 80% of the Budget is Payroll

Communication Skills

- **Preventing and Addressing Conflict**

MOTIVATION OR REASON TO COMMUNICATE

- **Receive Information and Instructions regarding**
 - Payroll procedures and processes
 - New and/or Terminated Employees
 - Changes in laws and regulations regarding employees
 - Changes in policies and procedures specific to your Board
- **Sources of Information**
 - Human Resources
 - New hires, terminations, changes
 - Chief School Financial Officer (CSFO)
 - Budget, General Ledger Assignment, Due Dates
 - Board Minutes
 - Verify Effective Hire, Termination, Change Date
 - Employees
 - Change personal and/or tax information
 - Have questions regarding payroll amounts, insurance benefits, retirement benefits, due dates, etc.

Communication Skills

- You will PROVIDE Information to:
 - **Employees, Human Resources, Local School Bookkeepers, School Administration**
 - Changes and/or procedures for payroll
 - Time-lines and due dates
 - **Chief School Financial Officer (CSFO)**
 - Every single transaction regarding payroll involves money in some way
 - **Make your message count**
 - Strive for Quality Communication
 - Timely, Clear, Neat, and Error Free
- **Feedback/Evaluation**
 - **Provide Directions for Feedback**
 - Request a specific response
 - Provide a yes/no question
 - State a specific time for response

Communication Skills

- Reception:

You are busy! Your HR Manager is busy! Your CSFO is busy!

It is imperative the YOU control all external factors within your power to make sure YOUR message is not distorted!

- If you are receiving the message
 - Provide feedback to the sender stating YOUR understanding of the message
- If you are sending the message
 - Request feedback from intended recipient to ensure HIS/HER understanding
- **KNOW YOUR JOB**
- Prepare Yourself
 - Take advantage of all training opportunities
 - Brush up on your grammar and writing skills
 - Make sure you **practice** good communication skills

Communication Skills

- PREPARE YOUR MESSAGE
 - Message - What exactly is the message?
 - Prepare and **clearly state** the message
 - Be able to **correctly** address the issue or answer the question
 - **Do not guess!**
 - Say “I do not have that information at hand, but I will get it for you!”

**Top Quality Communication Skills are
Vital to Your Position!**

Best Practices and Suggestions

Establish the Importance/Necessity of Communication with your Payroll Bookkeepers/Clerks, HR, and CSFO.

- CSFO's approval shall be required **before** any information is released.
- Payroll Officer/Director shall **copy** CSFO on all correspondences – email or written.
- Use Email for Communication Audit Trail
 - Ask and Answer Questions by Email
 - Verify Telephone and/or Personal Conversations by Email & Vice versa
- Always be Professional and Respectful

System-Wide Notifications by Email

From: Payroll Officer

Sent: Friday, January 24, 2020 9:28 am

To: CSFO

Subject: Request to Notify Employees of Life Fringe Benefit Changes

The majority of the employee's net pay will be different on their January paycheck due to their new Life Insurance Fringe Benefit amounts.

I am requesting your approval to email the employees to notify them of the change in advance.

Thank you,

Payroll Officer

Questions and Responses by Email

From: Payroll Officer
Sent: Monday, December 16, 2019 12:17 pm
To: CSFO
Subject: Fwd: Paycheck and Leave Questions

Please advise.

----- Forwarded message -----

From: New teacher
Date: Monday, December 16, 2019
Subject: Paycheck and Leave Questions
To: Payroll Officer

I was wondering if I could get paid early due to a family emergency.

I also don't have any leave available and would like to take a few days in advance to keep from getting my check docked. If not, can we spread it out over several checks so I can pay my bills?

Thank You,

New Teacher

Approval Requests by Email

From: Payroll Officer
Sent: Friday, September 13, 2019 1:25 pm
To: CSFO
Subject: Approval of New Teacher Calculation
Attachments: 9 month 189 2019-2020 Luke Bryan

Please review and approve the attached Salary Calculation for the Personnel Action approved on Board Agenda Item C-1 per our previous discussion.

Thank you,

Payroll Officer

Always be Professional and Respectful



Best Practices and Suggestions

Segregation of Duties

- Reduce fraud
- Catch unintended errors

Payroll Director/CSFO oversees the payroll process from start to finish.

- Payroll Officer reviews Board Approved Personnel Actions with Payroll Director/CSFO.
 - New Hires, Status Changes, Terminations, Transfers, etc.
- Payroll Officer/Director provides CSFO Payroll Reports to Approve Before Processing ACH file or Payroll Checks.
 - Prior Period Comparison Report & Payroll Register
- Payroll Director/CSFO uploads and/or approves ACH file at the Bank.
- Payroll Officer provides Payroll Director/CSFO ALL Reports to Approve Before Submission.
 - Weekly, Monthly, Quarterly, Annual, etc.
- Payroll Officer/Director emails CSFO electronic copies of all Federal and State Tax Deposit Confirmations, Quarterly Tax Returns, ACA, and W2s.

Personnel Action Sheet

PERSONNEL ACTION SHEET						
February 18, 2020				APPROVED 2.18.2020		
		Position	School	Effective	Salary	
RESIGNATION						
A	Mallory	Inst Ast	HMS	12.31.19		
A	Sarah	1st	SC	5.22.20		
RETIREMENT						
B	Bill	Superintendent	District	6.30.20		
B	Randy	Electrician	District	6.30.20		
EMPLOYMENT						
C	Mallory	SS	HHS	1.3.20	B/1	Linda
C	Kristen	Inst Ast	HHS	1.24.20	Adjust start date from 1.21.20 PAS	
LEAVE OF ABSENCE						
D	Lauren	Math	HHS			Orig Rqst ap'd 9.10.19
		Maternity Lv March 9 - May 22, 2020				
D	Carla	CNP	HMS			Orig Rqst ap'd 1.21.20
		Catastrophic leave extended through Feb. 7, 2020				
CHANGE OF CONTRACT						
E	Donna	CNP	HHS	1.3.20	Adjust start date from 12.17.19 PAS	
		From CN/W/15 to CN/W1/15 based on program need				
SUPPLEMENTS						
F	Robin	Instructional Support		\$2,139	Feb - May, 2020	
F	Jordan	Extracurricular Support		\$2,139	Feb - May, 2020	
F	Myron	HS Indoor Track Asst.		\$1,039	Feb - August, 2020	
F	David	MS Cross Country		\$1,070	Feb - August, 2020	
F	Logan	Varsity Girls Bkbl Ast. Coach		\$2,139	February, 2020	

Personnel/Payroll Data Form

City Schools

Applicant/Employee Personnel-Payroll Data

<input type="checkbox"/> EMPLOYMENT <input type="checkbox"/> REASSIGNMENT <input type="checkbox"/> CERTIFIED <input type="checkbox"/> CONTRACT <input type="checkbox"/> RESIGNATION <input type="checkbox"/> TERMINATION EFFECTIVE DATE <input type="checkbox"/> SUPPLEMENT <input type="checkbox"/> HIGHER DEGREE <input type="checkbox"/> SUPPORT <input type="checkbox"/> EDP <input type="checkbox"/> RETIREMENT <input type="checkbox"/> NON-RENEWAL <input type="checkbox"/> TRANSFER <input type="checkbox"/> SDE APPROVED <input type="checkbox"/> ADMINISTRATIVE <input type="checkbox"/> CNP <input type="checkbox"/> FMLA <input type="checkbox"/> LEAVE OF ABSENCE								
APPLICANT INFORMATION	NAME _____ PERSON ID _____ <i>Print or Type name as it appears on the Social Security Card</i>							
	ADDRESS _____ TRS Retiree <input type="checkbox"/> YES <input type="checkbox"/> NO _____ Employee w/RSA Agency <input type="checkbox"/> YES <input type="checkbox"/> NO _____ Employed By _____							
	CITY _____ STATE _____ ZIP _____ AL CERTIFICATE <input type="checkbox"/> YES <input type="checkbox"/> NO PHONE _____							
	CELL PHONE _____ NATIONAL BOARD <input type="checkbox"/> YES <input type="checkbox"/> NO GENDER _____ RACE _____ HIGHEST DEGREE							
	SOC SEC # _____ YEARS OF EXPERIENCE							
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> BA</td> <td><input type="checkbox"/> MA</td> <td rowspan="2">Add'l Hours</td> <td><input type="checkbox"/> NONE</td> <td><input type="checkbox"/> +12</td> </tr> <tr> <td><input type="checkbox"/> AA</td> <td><input type="checkbox"/> DR</td> <td><input type="checkbox"/> +24</td> </tr> </table>	<input type="checkbox"/> BA	<input type="checkbox"/> MA	Add'l Hours	<input type="checkbox"/> NONE	<input type="checkbox"/> +12	<input type="checkbox"/> AA	<input type="checkbox"/> DR
<input type="checkbox"/> BA	<input type="checkbox"/> MA	Add'l Hours	<input type="checkbox"/> NONE		<input type="checkbox"/> +12			
<input type="checkbox"/> AA	<input type="checkbox"/> DR		<input type="checkbox"/> +24					
VACANCY	POSITION _____ <input type="checkbox"/> YES <input type="checkbox"/> NO Person Leaving _____ LOCATION _____ New Position							
	FULL TIME <input type="checkbox"/> YES <input type="checkbox"/> NO % of FT = _____ If New Unit, Please Explain _____ CONTRACT							
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>9 MO</td> <td>10 MO</td> <td>11 MO</td> <td>12 MO</td> </tr> </table>	9 MO	10 MO	11 MO	12 MO			
	9 MO	10 MO	11 MO	12 MO				
ANNUAL SALARY \$ _____ SALARY SCHEDULE RANK _____ STEP _____ CLASSIFIED RATE/HOUR \$ _____ <input type="checkbox"/> LETTER OF APPOINTMENT DATE _____								
PERSONNEL DEPT	SUPPLEMENTS COMMENTS							
	\$ _____							
	\$ _____							
	\$ _____							
	\$ _____							
	\$ _____							
	\$ _____							
	\$ _____ DIRECTOR OF PERSONNEL _____							
FINANCE DEPT	SALARY SCHEDULES GL ACCOUNT DISTRIBUTION EMP # _____							
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th># DAYS</th> <th>FTE</th> <th>EMP TYPE</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	# DAYS	FTE	EMP TYPE				
	# DAYS	FTE	EMP TYPE					
	NextGen Updated <input type="checkbox"/> _____							

APPROVED - CHIEF FINANCIAL OFFICER								

Federal Tax Deposit Confirmations by Email



Electronic Federal Tax Payment System

HOME	ENROLLMENT	MY PROFILE	PAYMENTS	HELP & INFORMATION	CONTACT US	LOGOUT
------	------------	------------	----------	--------------------	------------	--------

VIEW ENROLLMENT SETTINGS	TAXPAYER NAME:	BOARD OF EDUCATION	TIN: xxxxx6314
--------------------------	----------------	--------------------	----------------

- EDIT ENROLLMENT CONTACT INFORMATION
- INTERNET PASSWORD MANAGEMENT
- PIN MANAGEMENT
- TERMINATE ENROLLMENT
- EMAIL ADDRESS MANAGEMENT**

Email Address Management

If you opt in to begin receiving email, EFTPS will generate an email to you any time you schedule a payment. It will also generate an email if you cancel a payment or have a returned payment. The EFTPS system will also send a reminder email to you a few days before a payment scheduled to be paid at a future date is about to be paid. Your settings will apply to any enrollment that you have created within EFTPS for the same EIN. Any changes that are made will be applied to all enrollments for the applicable EIN.



I would like to receive email notifications.

Email terms and agreement



I understand that by agreeing to the following terms of service I am consenting to the Internal Revenue Service's sending unencrypted emails electronically to the email address associated with my Electronic Federal Tax Payment System (EFTPS) account to confirm my payment transactions with EFTPS online services.

I understand that by agreeing to these terms of service I am consenting to the Internal Revenue Service including in confirmation emails payment transaction information such as confirmation numbers.

I understand that the confirmation emails sent pursuant to these terms of service will not be encrypted and that the Internal Revenue Service is not responsible for unauthorized access of emails while in transmission to an email



I agree to the Terms and Conditions

Primary taxpayer email address

lbuch@homewood.k12.al.us

Re-enter primary taxpayer email address

lbuch@homewood.k12.al.us

CANCEL

CONTINUE ►

Alabama Tax Payment/Return Confirmations by Email

From: Payroll Officer
Sent: Tuesday, March 3, 2020 3:45 pm
To: CSFO
Subject: Fwd: Payment & Return Submission Confirmation

----- Forwarded message -----

From: <TaxpayerService@revenue.alabama.gov>

Date: Mon, Mar 2, 2020 at 9:34 AM

Subject: Payment Submission Confirmation

To: Payroll Officer

ALABAMA
DEPARTMENT OF
REVENUE

Your payment of \$108,668.18 has been submitted for account WTH-***9115**

The payment will be posted to your account after your request is processed in the next couple of days.

Your request number is 1-779-188-928.

----- Forwarded message -----

From: <TaxpayerService@revenue.alabama.gov>

Date: Mon, Mar 2, 2020 at 9:34 AM

Subject: Return Submission Confirmation

To: Payroll Officer

ALABAMA
DEPARTMENT OF
REVENUE

Your 29-Feb-2020 return has been submitted for account WTH-***9115**

The return will be posted to your account after your request is processed in the next couple of days.

Your request number is 0-791-891-264.

RSA Confirmations by Email

An important message from the Retirement Systems of Alabama (RSA) ▷ PAYROLL 2020 x



noreply@rsa-al.gov

Mon, Mar 2, 7:14 PM (8 days ago) ☆ ↶ Reply ⋮

March 2, 2020 HOMEWOOD CITY BOE - THOMRE: Contribution Report Processed Successfully) The Contribution report 64242 submitted to the RSA through the Employer Self-Service (ESS) Portal on February 26, 2020 has been processed successfully. If you need assistance using the ESS Portal or have any questions about your report, please contact RSA Employer Services at employer.services@rsa-al.gov or call us at (334) 517-7005. Thank You, RSA Employer Services Please do not reply to this email. This is an automatically generated message.

RSA CONFIDENTIALITY NOTICE: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure, or distribution is prohibited. If you are not the intended recipient, please contact the sender by return e-mail and destroy all copies of the original message.

An important message from the Retirement Systems of Alabama (RSA) ▷ PAYROLL 2020 x



noreply@rsa-al.gov

Wed, Feb 26, 10:52 AM (13 days ago) ☆ ↶ Reply ⋮

February 26, 2020

HOMEWOOD CITY BOE - THOM

RE: Enrollment Report Processed Successfully

The Enrollment report 64208 submitted to the RSA through the Employer Self-Service (ESS) Portal on February 26, 2020 has been processed.

If you need assistance using the ESS Portal or have any questions about your report, please contact RSA Employer Services at employer.services@rsa-al.gov or call us at (334) 517-7005.

Thank You,
RSA Employer Services

Please do not reply to this email. This is an automatically generated message.

RSA CONFIDENTIALITY NOTICE: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure, or distribution is prohibited. If you are not the intended recipient, please contact the sender by return e-mail and destroy all copies of the original message.

W2 VERIFICATION PROCESS

Ensure this Screen Print is Printed and Captured in an electronic format for Future Reference as indicated in Red below. Compare totals to all Year End Reports and W2 Submission Data to SSA thru AccuWage shown next.

PR/GW2D: Generate W2 Data (v3.19)

Number of W2's		895	W2 Deduction		Amount
Federal Wages	28,063,706.32	✓	Dependent Care 10	115,856.75	
Federal Income Tax	2,529,706.85	✓	GTL Fringe Benefit	92,354.44	✓
Social Security Wages	30,624,642.28	✓	Empr Spnsrd Health-Both	5,710,718.55	✓ - see reports
Social Security Contribution	1,898,729.38	✓	Section 403(b) Plan	205,638.56	✓
Medicare Wages	30,884,241.06	✓	Section 457 Plan	420,168.30	✓
Medicare Contributions	448,367.26	✓	Third Party Sick Pay	16,639.99	✓ - see report
Advance EIC Payments	0.00		Section 414(h) Plan	2,194,727.88	✓
State Wages	30,258,434.20	✓	Section 125 (Caf. Plan)	1,289,706.95	✓ - see report
State Income Tax	1,250,419.00	✓	Medical Ins. Premiums	9,729.82	✓
City Wages	0.00		Vehicle Fringe Benefit	1,353.00	✓
City Tax	0.00				
County Wages	0.00				
County Tax	0.00				

Back

W2 Data Generated and Magnetic Media File Exported.
Please Print This Screen for Future Reference.
(Note: If Using the PrtScr Button on the ToolBar, You Must Print the Form and Print the ListView.)

Employer Sponsored
 PEEHIP
 AFLAC
 Amer. Fidelity 0.*

5,671,748.15+
 38,974.40+
 5,710,718.55+

Medicare 0.*
 447,822.07+
 545.19+
 448,367.26+

AccuWage ONLINE W2 TESTING



Social Security

The Official Website of the U.S. Social Security Administration

AccuWage Online

For Testing Tax Year 2019 EFW2/EFW2C Submissions



DISCLAIMER STATEMENT

AccuWage Online identifies most of the common format errors in wage submissions. Using this application greatly reduces submission rejections. Please be aware that even if no errors are identified by AccuWage Online, your submission could be returned because of other errors.

Important: You still need to upload and submit your Formatted Wage File after testing it through AccuWage Online.



Information:

We suggest you always zip your file before running it through AccuWage Online.

Submission Type

*Select Submission Type


- W-2(Regulars)
- W-2c(Corrections)

[Start Testing](#)

[Return to EWR Home](#)

AccuWage ONLINE W2 TESTING

Ensure these AccuWage Screen Prints are printed and captured in an electronic format for future reference. Once you receive 0 Errors , verify totals match from the Generate W2 Data above and the "RT" Record Data from the W2REPORT before your file is submitted to SSA.



Social Security
The Official Website of the U.S. Social Security Administration

AccuWage Online

Important: You still need to upload and submit your Formatted Wage File after testing it through AccuWage Online.

Test Results

File name: W2REPORT
File has run 100% Complete
1794 Record(s) Tested, 1 Record(s) with Issue(s) *JB*

Records

Filter record(s) by level: Issue Level Descriptions Critical (0) Error (0) Alert (1) Info (0)

Record	Issues	Record Data
2	1	RE2019 6<+ HOMEWOOD AL352090000S R 0Lynn Buch 2056704203 lbuch@homewood.k12.al.us 0<+

Issue(s) for Selected Record # 2

Level	Reference	User Entry	Description
ALERT	Employer/Agent Identification Number (EIN) [Position 8-16]	630<+	This alert is informational only. Submitter EIN [Position 3-11] and Employer/Agent EIN [Position 8-16] are an exact match. Please verify that you intended to have the Submitter EIN and Employer EIN match before proceeding. No further action is needed if this was intentional.

[Test Another File](#) [View/Print Test Report](#) [Return to EWR Home](#)

AccuWage Online Help Guide : EPW2 - EPW2C Specifications : AccuWage Online FAQ

W2 Electronic Wage Reporting (EWR) Submission Status

Ensure these EWR Screen Prints are printed and captured in an electronic format for future reference. Once your # of errors equals “0” and you receive “No Errors,” verify totals match from the Generate W2 Data above and the W-3 Detailed Information on your Submission Status Report.

Submission Status

1 [Search Results](#) 2 [Submission](#) 3 [Report](#) 4 [Errors](#) 5 [Error Details](#)

Submitter EIN: 63- WFID: M36L53 Report #: Report EIN:
 Version: 01
 Receipt Year: 2020 Submitted: 01/14/2020 Status:
 Submission Type: W-2 Name:
 Total Reports: 1 # of Errors: 0

[New Search](#)

Select Report

You can filter the total reports using one of the following options:

Enter a report range: From: To:
 Enter a report EIN:
 Select a report status: ALL

Filter Results

1 report(s)

Report#	Report EIN	Company Name	Status	Reported W-2s	# of Errors	View W-3
1	63	BOARD OF EDUCATION	COMPLETE	0000895	No errors	W-3 Details

[Back to Top](#)

Select Report

You can filter the total reports using one of the following options:

Enter a report range: From: To:
 Enter a report EIN:
 Select a report status: ALL

Filter Results


1 report(s)

Report#	Report EIN	Company Name	Status	Reported W-2s	# of Errors	View W-3
1	63	BOARD OF EDUCATION	COMPLETE	0000895	No errors	W-3 Details

Detailed W-3 Information		
	Reported	Processed
SS Wages	\$30,624,642.28	\$30,624,642.28
Medicare Wages, Tips	\$30,884,241.06	\$30,884,241.06
Fed Taxable Income	\$28,063,706.32	\$28,063,706.32

W2 Electronic Wage Reporting (EWR) Status

Social Security Online **Electronic Wage Reporting (EWR)**
www.socialsecurity.gov EWR Home | E-mail a Wage Reporting Expert | Keyboard Navigation | Logout



Submission Status

1 Search Results 2 Submission 3 Report 4 Errors

Submitter EIN: 63-I
Receipt Year: 2020

[New Search](#)

Search Results

WFID	Version	Status	Receipt Date	Status Date	Details
M36L53	01	COMPLETE	01/14/2020	01/14/2020	Submission Details

EWR W-3 Details

Social Security Online

Electronic Wage Reporting (EWR)

www.socialsecurity.gov | [EWR Home](#) | [E-mail a Wage Reporting Expert](#) | [Keyboard Navigation](#) | [Logout](#)



Employer Report Status

1 [Search Results](#)

2 [Report Summary](#)

Report Details

Name: | BOARD OF EDUCATION

Tax Year: 2019
Report Type: REGULAR
Status: **COMPLETE**
Status Date: 01/14/2020
of W-2s: 895

W-3 Information

	Reported	Processed	Amended
Social Security Wages	\$30,624,642.28	\$30,624,642.28	NOT APPLICABLE
Social Security Tips	\$0.00	\$0.00	NOT APPLICABLE
Medicare Wages and Tips	\$30,884,241.06	\$30,884,241.06	NOT APPLICABLE
Federal Taxable Income	\$28,063,706.32	\$28,063,706.32	NOT APPLICABLE

ACA Transmission Confirmation



Transmission Confirmation

Your uploaded file has been transmitted. It is **highly recommended** to print this page to keep for your records. Remember, **you must check the status** of your transmission to verify if it was "Accepted" or "Rejected."

Receipt ID: 1094C-20-00007934

Date and Time: 01/27/2020 03:14:22 PM +00:00

Your Transmitted Form File

<u>File Name</u>	<u>File Size</u>
1094C_Request_BBJKG_20200127T091130590Z.xml	3.19 KB



Transmission Status Details

Please see details for this transmission below.

Receipt ID: 1094C-20-00007934

Date and Time: 01/28/2020 07:42:30 PM +00:00

Status: Accepted

Best Practices and Suggestions

Change Authorizations/Internal Audits

- Payroll Bookkeepers, Clerks, Officers, Directors **NEVER** make changes to their own records.
 - Employee Maintenance Audit Trail Report to verify
- All Changes requested by an Employees must be submitted in writing and signed (Electronic forms and signatures are acceptable)
 - Address Changes, Withholding Allowances, Direct Deposit, Deductions, Leave Type taken, etc.
- Principals/Supervisors must approve and sign off on changes to timesheets/hours worked
 - never make changes based on employee's request alone
- Have your Payroll Director/CSFO Sign and Approve All Calculations/Prorations prior to payment and notification to Personnel.
 - Salary Calculation/Proration Excel Worksheets

Check Employee Maintenance Audit Trail Monthly for your Payroll Clerks/Officer's User-Id & Employee Number

PR/EMAT: Employee Maint Audit Trail (v3.11)

Sort Order

Last Name Employee Number Social Security Report Loc.

Employee Number

User Id

Beginning Date Thru

Beginning Time Thru

Group By User ID Include Input Pay Records

Salary Changes Only Mask SSN on Report

Print Audit Rec Id

Report Destination

To Report Viewer To Grid To File

To Printer HBE_CFO_OFFICE on ps-1 (redirected)

Enter Selection Criteria, Click Enter (F1) To Generate Report

Check Employee Maintenance Audit Trail Report for changes made by their own User Id

RUN DATE:		07/28/2018		MCAI PAYROLL SYSTEM				PREMAT		
RUN TIME:		05:58PM		EMPLOYEE MAINTENANCE AUDIT REPORT				Page 1 of 4		
				HOMEWOOD CITY BOARD OF EDUCATION						
		BEGINNING DATE:		06/01/2018		END DATE:		07/15/2018		
EMPLOYEE:		1139 Payroll Officer		SOC.SEC.NUM:		XXX-XX-XXXX		PERSON ID:		203
<u>DATE</u>	<u>TIME</u>	<u>ACTION</u>	<u>TABLE & RECORD</u>	<u>USER ID</u>	<u>FIELD</u>	<u>OLD VALUE</u>	<u>NEW VALUE</u>	<u>TRANS</u>	<u>NOTICE #</u>	
07/11/2018	20:53:49.0000 nnn	Change	PREMPJOB- Job:2 Employee Number: 1139 Job Number: 2	payroll	Annual Salary	38,847.00	38,845.00	PR/EMNT		
07/11/2018	20:53:49.000 nnn	Change	PREMPJOB- Job:2 Employee Number: 1139 Job Number: 2	payroll	Pay Period Salary	3,070.58	3,070.42	PR/EMNT		
07/11/2018	20:53:49.000 nnn	Change	PREMPJOB- Job:2 Employee Number: 1139 Job Number: 2	payroll	Hourly/Daily Rate	153.53	153.52	PR/EMNT		
07/11/2018	20:53:49.000 nnn	Change	PREMPJOB- Job:2 Employee Number: 1139 Job Number: 2	payroll	Overtime Rate	230.30	230.28	PR/EMNT		
07/11/2018	20:53:49.000 nnn	Change	PREMPJOB- Job:2 Employee Number: 1139 Job Number: 2	payroll	Full Time Earnings	3,070.58	3,070.42	PR/EMNT		
07/11/2018	20:53:50.000 nnn	Change	PRSSHIST11392RISP	payroll	Ending Date		7/11/2018	PR/EMNT		

Direct Deposit Authorization for Payroll

Type of authorization (select one only)

NEW: Complete and Verify Employee Information

CHANGE: When changing your financial institution, account number, or type of account, you must complete and verify Payee information

1. Employee Name	2. Social Security Number	3. Contact Phone Number
4. Address	5. City, State, ZIP Code	
6. Work Location	7. Email Address for EFT Notification	

I hereby authorize the Homewood City Board of Education to initiate credit entries and, if necessary, debit entries to adjust for any credit entries made in error to the checking or savings account indicated. I also authorize the depositories named below to credit and/or debit the same to such account. I understand that it is my responsibility to verify deposits have been credited to my account before dispersing or withdrawing funds. Homewood City Board of Education assumes no liability for bank errors, bank fees, or overdrafts.

This authority is to remain in full force until the Homewood City Board of Education has received written notification of its cancellation in such time and manner as to afford a reasonable opportunity to act on it, or until I have been notified of the Board's or the financial institution's cancellation of this agreement.

I understand that a new authorization agreement must be completed when changing or closing the account or changing financial institutions. If any action taken by me results in non-acceptance of the electronic funds transfer by my financial institution, I understand the Homewood City Board of Education assumes no responsibility for processing replacement payment until the funds are returned to the Board by my financial institution.

NOTE: Attach voided check for checking accounts **OR** savings deposit slip for savings account.
Form cannot be processed without information below.

PRIMARY ACCOUNT:

Financial Institution:	CHECKING <input type="radio"/>
Routing Number:	SAVINGS <input type="radio"/>
Account Number:	

SECONDARY ACCOUNT (optional):

Financial Institution:	CHECKING <input type="radio"/>
Routing Number:	SAVINGS <input type="radio"/>
Account Number:	AMOUNT TO BE DEPOSITED:

I authorize Homewood City Board of Education to deposit to the account number(s) indicated above.

8. Print or Type Name of Authorized Signatory	9. Position/Title of Authorized Signatory
10. Signature of Authorized Signatory	11. Date

**SALARY DEDUCTION REQUEST
EMPLOYEE DEDUCTION
ADDITION/CHANGE FORM**

EMPLOYEE NAME

EMPLOYEE #

SCHOOL/LOCATION

PHONE #

NAME OF THE BENEFIT COMPANY

Deduction # (As indicated on check stub)

Old Amount

New Amount

Effective Date of Addition/Change

I understand that this change will become effective at the end of this payroll period **ONLY IF this Addition/Change Form is received in the Payroll Department by the 15th of the current month.** Any Employee Deduction Addition/Change Forms received **AFTER** the 15th of the month **WILL NOT** become effective until the next payroll period without CSFO approval.

Signature

Date

NO CHANGES WILL BE PROCESSED BY TELEPHONE.

**SALARY DEDUCTION REQUEST
EMPLOYEE DEDUCTION
CANCELLATION FORM**

EMPLOYEE NAME

EMPLOYEE #

SCHOOL/LOCATION

PHONE #

NAME OF THE BENEFIT COMPANY

Deduction # (As indicated on check stub)

Amount of Deduction

Effective Date of Cancellation

I understand that this change will become effective at the end of this payroll period **ONLY IF this Cancellation Form is received in the Payroll Department by the 15th of the current month.** Any Employee Deduction Cancellation Forms received **AFTER** the 15th of the month **WILL NOT** become effective until the next payroll period without CSFO approval.

Signature

Date

NO CHANGES WILL BE PROCESSED BY TELEPHONE.

**CITY SCHOOLS
2017-2018**

**PAYROLL ADJUSTMENTS
TEACHERS - 9 MONTH
9 MONTH EMPLOYEE-187 DAYS**

EMPLOYEE NAME: Luke Bryan

EMPLOYEE NUMBER : 2737

DATE OF EMPLOYMENT OR REHIRE 1/5/2018

DATE OF TERMINATION

DATE OF OTHER CHANGE

DATE OF SALARY CHANGE

LOCATION: High School

PAYROLL CALENDAR

		DAYS					
		AMOUNT	IN	DAYS		AMOUNT	
		PAID	PERIOD	WORKED	RATE	EARNED	
8/1 - 8/31			17	0	\$ -	-	
9/1-9/30	SEPT		21	0	\$ -	-	
10/1-10/31	OCT		21	0	\$ -	-	
11/1-11/30	NOV.		16	0	\$ -	-	
12/1-12/31	DEC.		15	0	\$ -	-	
1 ST PAYDAY	1/2-1/31	JAN	18	18	\$ 193.28	3,479.04	
	2/1-2/29	FEB	20	20	\$ 193.28	3,865.60	
	3/1-3/31	MAR	17	17	\$ 193.28	3,285.76	
	4/2-4/30	APR	20	20	\$ 193.28	3,865.60	
	5/1-5/31	MAY	22	22	\$ 193.28	4,252.16	
LAST PAYDAY	6/1-6/30	JUNE	0	0	-	-	
	7/2-7/31	JULY	0	0	-	-	
	8/31/2011	AUG			-	-	
			-	187	97	18,748.16	

AMOUNT EARNED 18,748.16
LESS : AMOUNT PAID -

BALANCE DUE - NINE MONTH CONTRACT 18,748.16

MONTHS REMAINING ON CONTRACT 6

MONTHLY SALARY \$ 3,124.69

COMMENTS: SS: T Rank: II Step: 1

DATE ENTERED IN SYSTEM: _____

ENTERED BY: _____

APPROVED BY: _____

Best Practices and Suggestions

Using an Automated Time System is recommended to Improve Productivity

- Eliminate paper time sheets and their retrieval and storage
- Faster turnaround time to complete payroll processing
- Managing Overtime/Comp-time electronically
- Consistent Application of Policies
- Manage Leave Approval and Balances real-time to reduce error prone leave entries
- Distribute payroll and benefit expense to multiple account codes without incurring a large data entry workload

Protection from Lawsuits:

- Electronic “time stamped” clock in and out times
- Biometric options offer guarantee that the employee was without a doubt there at that time
- Policy structure within the time system guarantees that the employee’s time will be computed same as everyone in their pay classification
- Electronic Interface between time system and the payroll system eliminates key data entry error
- Audit trail within the time system guarantees that supervisor changes of any employee’s time is noted in a protected audit file.

Time Card Report

Includes one single employee.

Thompson, John

Cost Center 0002 ID Number 6205
 Job Class 143 Hours Per Day 0750
 Employee Type CLERICAL 12-12

Sun Mar-01 09 to Tue Mar-31 09

Date	In	Out	In	Out	Hours	Schedule	Exceptions
Mon Mar-02 09	7:53a	12:01p	1:00p	4:30p	7.50	8:00a/ 4:30p	
Tue Mar-03 09	7:52a	11:59a	1:03p	4:30p	7.75	8:00a/ 4:30p	Arr. Early
Wed Mar-04 09	7:30a	11:30a	12:01p	3:30p	7.50	8:00a/ 4:30p	Arr. Early, Left Early
Thu Mar-05 09	8:00a	12:30p	1:30p	4:30p	7.50	8:00a/ 4:30p	
Fri Mar-06 09					7.50	Sick	
Mon Mar-09 09	8:00a	11:53a	12:55p	4:30p	7.50	8:00a/ 4:30p	
Tue Mar-10 09					7.50	Personal	
Wed Mar-11 09					7.50	X-TRAPerLv	
Thu Mar-12 09					7.50	ProfessLv	
Fri Mar-13 09					7.50	ProfessLv	
Mon Mar-16 09	7:30a	11:30a	12:30p	4:30p	8.00	8:00a/ 4:30p	Arr. Early
Tue Mar-17 09	7:45a	12:01p	1:00p	4:35p	7.75	8:00a/ 4:30p	Arr. Early
Wed Mar-18 09	8:00a	4:00p			8.00	8:00a/ 4:30p	Left Early
Thu Mar-19 09					7.50	Holiday	
Fri Mar-20 09					7.50	Holiday	
Mon Mar-23 09	8:00a	12:00p	12:30p	4:30p	8.00	8:00a/ 4:30p	
Tue Mar-24 09	7:57a	4:31p			8.50	8:00a/ 4:30p	
Wed Mar-25 09	7:55a	4:27p			8.50	8:00a/ 4:30p	Left Early
Thu Mar-26 09	8:01a	4:29p			8.50	8:00a/ 4:30p	Tardy, Left Early
Fri Mar-27 09	8:00a	4:30p			8.50	8:00a/ 4:30p	
Sun Mar-29 09	1:00p	5:00p			4.00	Unsch.	
Mon Mar-30 09	8:00a	12:05p	12:55p	4:31p	7.75	8:00a/ 4:30p	
Tue Mar-31 09	7:59a	11:45a	1:00p	4:30p	7.25	8:00a/ 4:30p	

Week 1 (Sat Feb-28 09 to Fri Mar-06 09)

0000-143-C2-01-0	Regular	30.00	.
0000-143-C2-01-0	Straight	0.25	.
0000-143-C2-01-0	Sick	7.50	.

Week 2 (Sat Mar-07 09 to Fri Mar-13 09)

0000-143-C2-01-0	Regular	7.50	.
0000-143-C2-01-0	Personal	7.50	.
0000-143-C2-01-0	ProfessLv	15.00	.
0000-143-C2-01-0	X-TRAPerLv	7.50	.

Week 3 (Sat Mar-14 09 to Fri Mar-20 09)

0000-143-C2-01-0	Regular	22.50	.
0000-143-C2-01-0	Straight	1.25	.
0000-143-C2-01-0	Holiday	15.00	.

Week 4 (Sat Mar-21 09 to Fri Mar-27 09)

0000-143-C2-01-0	Regular	37.50	.
0000-143-C2-01-0	Straight	2.50	.
0000-143-C2-01-0	OverTime	2.00	.

Week 5 (Sat Mar-28 09 to Fri Apr-03 09)

0000-143-C2-01-0	Regular	19.00	.
------------------	---------	-------	---

Period Totals

r-Job-Type-Rcrd-Emp	Pay Designation	Hours	Rate	Dollars
0000-143-C2-01-00000-0000	Regular	116.50	.	.
0000-143-C2-01-00000-0000	Straight	4.00	.	.
0000-143-C2-01-00000-0000	OverTime	2.00	.	.
0000-143-C2-01-00000-0000	Personal	7.50	.	.
0000-143-C2-01-00000-0000	Sick	7.50	.	.
0000-143-C2-01-00000-0000	ProfessLv	15.00	.	.
0000-143-C2-01-00000-0000	X-TRAPerLv	7.50	.	.
0000-143-C2-01-00000-0000	Holiday	15.00	.	.

Employee Signature X _____

Supervisor Signature X _____

REQUEST FOR TIMECLOCK OVERRIDE

All blanks must be completed on this form.

Date request form completed _____

Employee Name _____

Cost Center _____

Employee Number _____

Correct date should be _____

Use month-day-year format (08-01-18)

Correct time should be _____

Use hour and minute format (08:15am)

Reason for override (in detail)

Requesting Employee Signature _____

ALL OVERRIDES MUST BE REQUESTED AND PROCESSED **WITHIN 48 HOURS** OF THE INCORRECT OR MISSING PUNCH. Overrides must be submitted by the requesting employee only.

Do Not Write in This Space – Processing Use Only

Processed Date and Time _____

Override Code Used _____

Processing Employee Signature _____

Supervisor or Principal Signature _____

All Override Originals must be submitted to the payroll office with the payroll service report. Do not send overrides to the board office one at a time.

Payroll Use Only

Verified _____

Additional Input required _____

Payroll Signature _____

Best Practices and Suggestions

Check Payment Controls

- Enforce Mandatory Direct Deposit
 - Make Board Policy IF POSSIBLE
- Always make employees sign for “actual” checks received
 - Principals/Supervisors need a roster to sign off on the number of checks they pick up and always have an Employee Pick-up Roster for them to sign to verify they received their paycheck
 - Ensure the Rosters are returned to Payroll to file with that run
- Ensure there are Procedures in place instructing the cost center level personnel on exactly what happens with the “actual” checks remaining for absent Employees on payday.
- Use Employee Self-Service software to increase efficiency by eliminating the pick-up procedures and paper direct deposit statements and W-2’s.

Example of a Board Policy for Mandatory Direct Deposit

FILE: DJC

PAYROLL

Employees may expect reimbursement for their services by direct deposit. Pay will be deposited directly into designated accounts each payday. Employees making changes to the depositing account must notify the payroll department by the 10th of the month to avoid a delay in deposit.

Salary Deductions

The Board will make salary deductions which are considered statutory, including federal income tax, state income tax, and retirement, in accordance with applicable laws and regulations. Except for deductions not covered by paid leave, required by law, and for retirement, all deductions made from salary shall be subject to Board approval and voluntary on the part of the individual employee. For all voluntary deductions, the employee shall complete a form authorizing the deduction. Approved deductions for employee organizations shall be based upon membership lists and forms provided by the respective organizations. These deductions shall be made in accordance with membership lists unless an employee revokes authorization for such deductions by providing a written notice of revocation for the ensuing year on or before September 15th. Otherwise, the deductions are continuous. Certain others, such as United Way contributions, are for a specified period and continue only as authorized by the employee.

Upon termination, amounts owed under the authorization of an employee shall be deducted from his/her final check.

Example of Pick-Up Rosters for Payroll Checks

**CITY SCHOOLS
COST CENTER PAYROLL CHECK PICK-UP ROSTER
PAYROLL: JULY 31, 2018**

TOTAL RECEIVED	NAME	SIGNATURE
9	ELEMENTARY SCHOOL	
18	MIDDLE SCHOOL	
30	HIGH SCHOOL	
8	MAINTENANCE	
10	CENTRAL OFFICE	

**ELEMENTARY SCHOOL
EMPLOYEE PAYROLL CHECK PICK-UP ROSTER
PAYROLL: JULY 31, 2018**

NUMBER	NAME	SIGNATURE
3388	ALDEAN, JASON	
3472	BRYAN, LUKE	
3201	CHURCH, ERIC	
2154	COMBS, LUKE	
3118	MORRIS, MAREN	
2349	RUCKER, DARIUS	
3243	SCOTT, HILLARY	
1157	SHELTON, BLAKE	
2196	WALLEN, MORGAN	

Employee Self Service

Employees can...

- access from any computer.
- view their elected withholding, earnings summary, check history, company documents, leave balances and leave history.
- Request changes to their demographics, direct deposits, W4 and A4.
- print past check information
- print W2s
- view and print the annual Truth in Salary letter and 1095-C.

Employee Self Service-Edit/Enter Direct Deposit

Employees can submit requests to add, delete, or change direct deposit accounts. All changes must be validated with a PIN that is emailed to the employee's ESS email. Once the valid PIN is submitted, the request for changes will be submitted for approval.

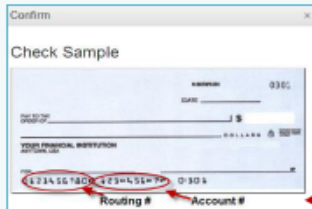
Edit Direct Deposit Account(s)

[Back](#) [Print](#)

[+ Add new record](#) [Cancel changes](#)

Bank Name	Account	Routing	Account Type	Primary	Amount	
ALABAMA ONE CREDIT UNION	424:	262277189	Checking	true	\$0.00	x Delete
ALABAMA ONE CREDIT UNION 2	521:	262277189	Checking	false	\$25.00	x Delete

[Save](#) [Cancel](#)



Where do I find bank account and routing numbers?

Enter PIN

Enter Valid PIN

[Submit](#)

nextgeness@gmail.com

[EXTERNAL] Direct Deposit Validation PIN

Your validation PIN

9140

If changing a routing number or the amount to deposit, click in the field, make the change and click save.

If adding a new account, click on *Add New Record*, enter the information for the new account and click save. Note: There can be only one primary account per employee.

If you are trying to delete a direct deposit, click on the *Delete* button beside the account information and then click save.

Employee Self Service-Edit/Enter Direct Deposit

Pending changes are displayed and employees can upload files for direct deposit requests.

Edit Direct Deposit Account(s)

Pending

Back Print

+ Add new record Cancel changes

Bank Name	Account	Routing	Account Type	Primary	Amount	
ALABAMA ONE CREDIT UNION	4242	262277189	Checking	true	\$0.00	x Delete
ALABAMA ONE CREDIT UNION	5212	262277189	Checking	false	\$25.00	x Delete

Where do I find bank account and routing numbers?

Save Back

Attachments

Select files...

harris_school_solutions_logo_sm...

Instructions

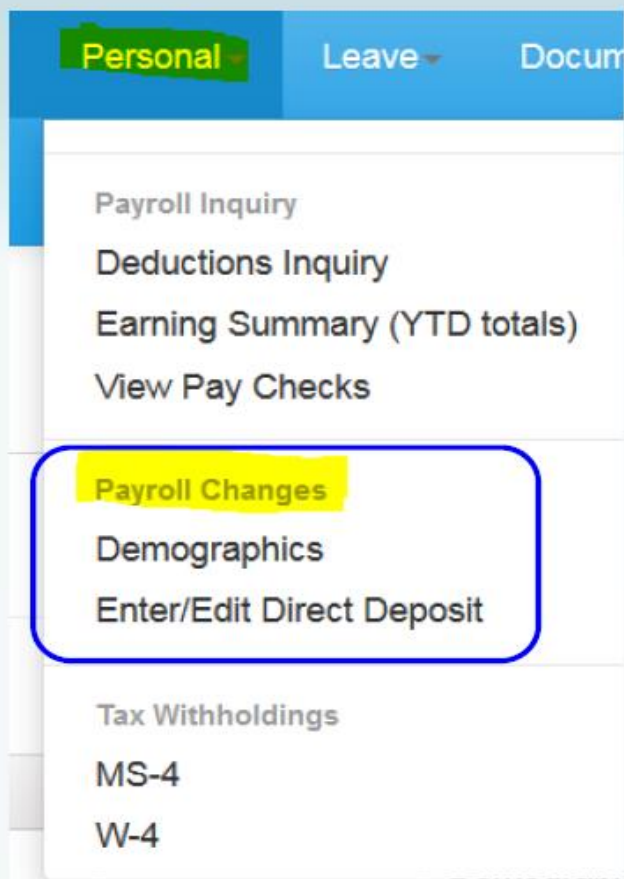
Please upload copy of voided check for all new direct deposit records for verification of information.

If employee has a pending request, their direct deposit information will be displayed with the requested changes. The employee can change all pending direct deposit data.

Multiple files can be selected from multiple directories. Acceptable file formats include .gif, .jpg, .jpeg, .png, .doc, .docx, .xls, .xlsx, .pdf, .txt.

Employee Self Service–Personal/Payroll Changes

The Personal menu contains the sub-menu for Payroll Changes which includes a menu of all change options available to the employee.



Employee Self Service - Demographics

Employee can request changes to a variety of demographic fields and upload multiple documents to be submitted with their change request. Both the employee and the approver can print the attached documents from the pending or completed request/task.

If employee has a pending request, their demographics will be displayed with the requested changes. The employee can change all demographic data.

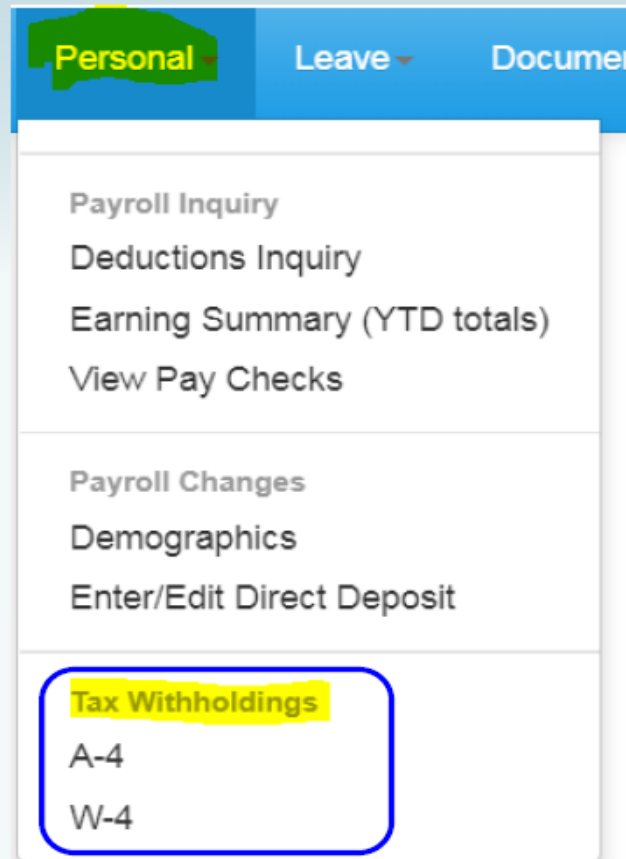
The screenshot shows the 'Demographic Change Request' interface. At the top, the status is 'Pending' in red text, with a red arrow pointing to it. Below the status are 'Save', 'Back', and 'Print' buttons. A blue arrow points to the 'Print' button with the text 'Information can be printed by selecting Print.' The 'User Instructions' section contains a note about social security cards. The form fields include: First Name (B), Last Name (ANDY), Email (ANDY_B@HARRISSCHOOL.ORG), Address 1 (P. O. BOX), City (BAY SAINT LOU), State (MS), Zip Code (39520-1032), Middle Name, Birthday, Gender (Female), Address 2 (42 STREET), and Cell Phone. The 'Attachments' section at the bottom has a 'Select files...' button highlighted with a red box and a red arrow. A file upload dialog is open, showing the 'Documents' library with a file named 'Welcome Scan.jpg' selected.

Multiple files can be selected from multiple directories. Acceptable file formats include .gif, .jpg, .jpeg, .png, .doc, .docx, .xls, .xlsx, .pdf, .txt.

NOTE: A change to the email address on the demographic screen changes the email address in the payroll system which may be used by the school district when corresponding with the employee. It does not change the email address for the ESS notifications which was entered when the employee registered for ESS.

Employee Self Service – Tax Withholdings

Tax Withholding under the sub menu Payroll Changes will include your State Withholding and W-4 Withholding Forms.



Employee Self Service – W4

Changes can be made to the employee's W4 with an electronic signature.

Current Withholding Allowances

Type	Tax Status	Allowances	Addl. Amt	Exempt
Federal	Single	0	100.00	<input type="checkbox"/>
State	Single	0	0.00	<input type="checkbox"/>

Save Back

Form W-4

Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

OMB No. 1545-0074

2016

Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

www.irs.gov/pub/irs-pdf/fe4.pdf
[IRS.GOV W4 Worksheet Application](#)

1. Your first name and middle initial
DEEDEE S

Last Name
COOKER

2. Your social security number
XXX-XX-

Home address (number and street or rural route) Address 3
Single

Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.

City or town, state, and ZIP code
WEST BLOCTON, AL 35184

If your last name differs from that shown on your social security card, check here. You must call 1-800-772-4213 for a replacement card.

5. Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) 5
0

6. Additional amount, if any, you want withheld from each paycheck 6
\$ 100.00

7. I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption.
• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and
• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.
If you meet both conditions, write "Exempt" here 7

Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature (this form is not valid unless you sign it.) DEEDEE S COOKER Date (mm/yyyy) 07/2016

Employer Name/Address Office Code (optional) Employer FEIN

County Board of Education

Employee's current Federal and State withholding information is displayed.

IRS instructions and worksheet are accessible from W4 form.

If requesting a change for W4, the employee must enter ALL information on the W4 form, not just the change.

Electronic signature and date must be exactly as displayed – no extra spaces, dashes or periods.

Current Withholding Allowances

Type	Tax Status	Allowances	Addl. Amt	Exempt
Federal	Single	1	0.00	<input type="checkbox"/>
State	Single	1	0.00	<input type="checkbox"/>

Form **W-4**

Department of the
Treasury
Internal Revenue Service

Employee's Withholding Certificate

OMB No. 1545-0074

- ▶ Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
- ▶ Give Form W-4 to your employer.
- ▶ Your withholding is subject to review by the IRS.

2022

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social Security Number
	EVELYN P	BUCH	
	Address		
	City or town, state, and ZIP code		
	HOMEWOOD, AL 35209		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
(c)	<input checked="" type="radio"/> Single or Married filing separately <input type="radio"/> Married filing jointly (or Qualifying widow(er)) <input type="radio"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on [page 3](#) and enter the result in Step 4(c) below for roughly accurate withholding;

or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ►

TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents

If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000

Multiply the number of other dependents by \$500

3. Add the amounts above and enter the total here

Step 4 (optional): Other Adjustments

4 (a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income.

4 (b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on [page 3](#) and enter the result here.

4 (c) Extra withholding. Enter any additional tax you want withheld each pay period.

I certify that I meet all the conditions to claim exempt from Federal Withhold.

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.) EVELYN P BUCH

Date 5/10/2022

Employers Only

Employer's name and address

First date of employment

Employer identification number (EIN)

Employee Self Service – A4 (Alabama)

Changes can be made to the employee's A4 with an electronic signature.

Current State of Alabama Employee's Withholding Allowances

Withholding Status	Exemptions	Dependents	Addl. Amt	Exempt
Single	1	0	0.00	<input type="checkbox"/>

Employee's current State withholding information is displayed.

User Instructions

All employees need to print a copy of new A4 for their records. Please see open task or completed task for the a copy of your new A4.

A4 Instructions

[Save](#) [Back](#)

Employee can view additional instructions for the A4 by clicking the *A4 Instructions* button.

FORM ALABAMA DEPARTMENT OF REVENUE A-4 REV. 3/2014 Employee's Withholding Exemption Certificate

EMPLOYEE'S FULL NAME		SOCIAL SECURITY NO. XXX-XX-	
HOME ADDRESS	62 ROAD	CITY	MOUNDVILLE
STATE	AL	ZIP	35474
SIGNATURE	<input type="text"/>	DATE	<input type="text"/>
(5/5/2015)			

Electronic signature and date must be exactly as displayed – no extra spaces, dashes or periods.

Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

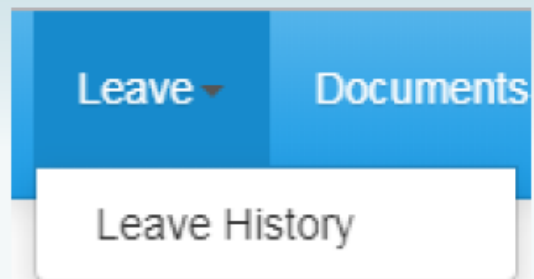
1. If you claim no personal exemption for yourself, write the figure "0", sign and date Form A-4 and file it with your employer.
2. If you are SINGLE or MARRIED FILING SEPARATELY a \$1,500 personal exemption is allowed. Write the letter "S" if claiming the SINGLE exemption or "MS" if claiming the MARRIED FILING SEPARATELY exemption.
(Choose S or MS)
3. If you are MARRIED or SINGLE CLAIMING HEAD OF FAMILY, a \$3000 personal exemption is allowed. Write the letter "M" if you are claiming an exemption for both yourself and your spouse or "H" if you are single with qualifying dependents and are claiming HEAD OF FAMILY exemption.
(Choose M or H)
4. Number of dependents (other than spouse) that you will provide more than one-half of the support for during the year. See instructions for dependent qualifications.
5. Additional amount, if any, you want deducted each pay period.
6. This line to be completed by your employer: Total exemptions (example: employee claims "M" on line 3 and "2" on line 4. Employer should use column M-2 (married with 2 dependents) in the withholding tables).

EMPLOYER NAME	FEIN	EMPLOYER STATE ID
Board of Education		

If requesting a change for A4, the employee must enter ALL information on the A4 form, not just the change.

Employee Self Service – Leave

Leave Menu allows the employee to see their leave history and leave balances.





Employee Self Service – Leave History

Employee can view and print their detail leave history for a specific date range. Leave adjustment are displayed with the notes that related to the leave adjustment.

Leave History

[Back](#) [Print](#)

Start Date
1/1/2010 


End Date
1/31/2019 


Date	Hrs/Days	Description	Note	Used
01/14/2016	D	District Title II		1.00
02/23/2016	D	SICK		1.00
03/25/2016	D	SICK		1.00
04/01/2016	D	SICK		1.00
04/15/2016	D	SICK		0.50
04/27/2016	D	PROFESSIONAL		1.00
04/28/2016	D	District Title II		0.50
05/06/2016	D	SICK	to S.Young/Cat.Leave	-1.00

Employee Self Service – View Pay Checks

Employee can view and print check/statement summary for a specific check date range. The employee can view check detail by clicking on a particular check.

My Checks

Start Date 

End Date 

Select date range and click Search to list pay records. Select check number from list to view pay record.

Date	Number	Date	Gross	Net	Pay Adj.-Sub Info
05/31/2016	133504 - (Check)	05/31/2016	\$2,248.58	\$1,190.99	
04/29/2016	133350 - (Check)	04/29/2016	\$2,288.58	\$1,217.66	
03/31/2016	133174 - (Check)	03/31/2016	\$2,258.58	\$1,197.66	
02/29/2016	133011 - (Check)	02/29/2016	\$2,298.58	\$1,224.23	
01/31/2016	132855 - (Check)	01/31/2016	\$2,328.58	\$1,244.23	
12/18/2015	132689 - (Check)	12/18/2015	\$2,298.58	\$1,223.44	
11/20/2015	132524 - (Check)	11/20/2015	\$2,308.58	\$1,230.10	
10/30/2015	132369 - (Check)	10/30/2015	\$2,448.58	\$1,323.13	
09/30/2015	132208 - (Check)	09/30/2015	\$2,278.58	\$1,210.20	
08/31/2015	132074 - (Check)	08/31/2015	\$2,468.58	\$1,336.35	
07/31/2015	131943 - (Check)	07/31/2015	\$2,458.58	\$1,329.69	
06/30/2015	131756 - (Check)	06/30/2015	\$2,308.58	\$1,230.10	

Employee Self Service-Earnings Summary (W2)

The employee can view and print their W2 for the selected year.

Earnings Summary

Back Print

Earnings Year: 2013

[View W2](#)

Gross Wages	\$22,189.68
Federal Wages	\$18,389.49
Federal Tax Withheld	\$935.71
Social Security Wages	\$20,353.68
Social Security Tax Withheld	\$1,261.90
Medicare Wages	\$20,353.68
Medicare Tax Withheld	\$295.09
State Wages	\$20,053.68
State Tax Withheld	\$646.29

Copy B-To Be Filed With Employee FEDERAL Tax Return				38-2099803 OMB No. 1545-0008		Copy 2-To Be Filed With Employee State City or Local Income Tax Return				38-2099803 OMB No. 1545-0008	
a Employer soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld			3	a Employer soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld			3
	18,389.49	935.71					18,389.49	935.71			
b Employer ID number (EIN)	3 Social security wages	4 Social security tax withheld			5	b Employer ID number (EIN)	3 Social security wages	4 Social security tax withheld			5
	20,353.68	1,261.90					20,353.68	1,261.90			
	5 Medicare wages and tips	6 Medicare tax withheld			7		5 Medicare wages and tips	6 Medicare tax withheld			7
	20,353.68	295.09					20,353.68	295.09			
c Employer name, address, and ZIP code Bibb County Board of Education						c Employer name, address, and ZIP code					
d Control Number 82						d Control Number 82					
e Employer name, address, and ZIP code						e Employer name, address, and ZIP code					
7 Social security tips	8 Allocated tips	9 Advance EIC payment				7 Social security tips	8 Allocated tips	9 Advance EIC payment			
10 Dependent care benefits	11 Nonqualified plans	12a Code	See inst. for box 12		12b	10 Dependent care benefits	11 Nonqualified plans	12a Code	See inst. for box 12		12b
		DD	9,837.24					DD	9,837.24		
13 Statutory Employee	14 Other	12c Code			12d	13 Statutory Employee	14 Other	12c Code			12d
	CAF 1,836.00	G	300.00				CAF 1,836.00	G	300.00		
Retirement plan	414 1,664.19	12c Code				Retirement plan	414 1,664.19	12c Code			
X	DUE 273.95					X	DUE 273.95				
Third-party sick pay	12c Code					Third-party sick pay	12c Code				
AL 037615	20,053.68	646.29				AL 037615	20,053.68	646.29			
15 State Employer state ID number	16 State wages, tips, etc.	17 State income tax				15 State Employer state ID number	16 State wages, tips, etc.	17 State income tax			
18 Local wages, tips, etc.	19 Local income tax	20 Locality name				18 Local wages, tips, etc.	19 Local income tax	20 Locality name			

Form W-2 Wage and Tax Statement 2013 Dept. of the Treasury - IRS
This information is being furnished to the Internal Revenue Service



Employee Self Service - Electronic Form Agreement

Employee can change their choice for tax form delivery by selecting the option and save. Districts can also require that the Agreement be signed by all employees on initial login to ESS. This option may not be used by all districts.

Electronic Form Agreement - Please select one of the following for form delivery.

Harris school system is please to offer electronic delivery of all your forms beginning January, 2018. Your W2, and Pay Forms will be available for viewing and downloading in PDF format through your Employee Self Service account. In order to receive your forms electronically instead of paper copy, you need to give your consent before December 10, 2017. Your electronic W2 forms will be available for viewing by January, 2018. For more information on electronic consent, see Company Documents – Electronic Form Consent.

Example Text Only

- I consent to receive all my tax forms (W2, 1095, Alabama Truth in Salary) electronically each year. I understand I will NOT receive any paper copies of forms.
- I want to receive paper forms for all my tax forms (W2, 1095, Alabama Truth in Salary).

Save

Helpful Tips and Tools In The Software

Internal Payroll Audits/Checks and Balances

- Monitor Last Employee Number Created before each payroll
- GL Distribution Report
 - by GL Component
- Salary & Benefits by GL Report
 - by Payroll Run Id
 - include Employee & GL Detail, and Gross
 - enter Matching Benefits in Report Columns
- Prior Period Comparison Report
 - export to Excel to explain the for variances in Gross, Fringe Benefits and Deductions
- Payroll Register
 - include Totals Grouped by GL Component – SFund
 - include Matching Ins Report Type – All
- Post Payroll to GL – Report Only – check for errors
- Change Terminated Employees to a Designated “9999” cost center number
- “Use End Pay Dates” field on Job Pay Record for Terminations

Check Last Employee Number Used Monthly “PR Parameter Maintenance I”

PR/PARM: PR Parameter Maintenance I (v3.06)

Installation ID

1. Site	2. Posting	3. Ins/GTL	4. Retire/Comp	5. Third Party Sys
6. Summer Pay	7. Sick Bank	8. Leave	9. Emp Mnt/Pr Proc	10. Other

System Generate Employee Numbers
Last Employee Number Used
 Allow Multiple Employee Numbers

Job G/L Distribution Screen
 Use Budget Amount
 Use Job Code Fund Source
 Use FTE

House Bill 1187 Options (GA Sites Only)
 Process during the compute
G/L Component
State Component Value
Local Component Value

Inquire Mode: Enter the Key Word for the Desired Record

Check Employee Maintenance Audit Trail Monthly for all Employee Numbers to compare with Prior Period Comparison and Last Employee Number Used to Protect your system from Ghost Employees being Created

RUN DATE: 01/29/2012 MCAI PAYROLL SYSTEM PREMAT
 RUN TIME: 07:45: PM EMPLOYEE MAINTENANCE AUDIT REPORT Page 1 of 1

CITY BOARD OF EDUCATION
 BEGINNING 01/01/2012 END 01/31/2012

EMPLOYEE:	2728 CHURCH , ERIC	SOC.SEC.NUM:	XXX-XX-XXXX	PERSON ID:	850			
<u>DATE</u>	<u>TIME</u>	<u>ACTION</u>	<u>TABLE & RECORD</u>	<u>USER ID</u>	<u>FIELD</u>	<u>OLD VALUE</u>	<u>NEW VALUE</u>	<u>TRANS</u>
01/19/2012	8:40:27 AM	Change	PREMPJOB- Job:1	payroll	Pay Period Salary	0.00	1,190.03	PR/EMNT
EMPLOYEE:	2334 BURNEM , EARNEM	SOC.SEC.NUM:	XXX-XX-XXXX	PERSON ID:	33			
<u>DATE</u>	<u>TIME</u>	<u>ACTION</u>	<u>TABLE & RECORD</u>	<u>USER ID</u>	<u>FIELD</u>	<u>OLD VALUE</u>	<u>NEW VALUE</u>	<u>TRANS</u>
01/23/2012	1:45:17 PM	Change	PREMPJOB- Job:1	payroll	Pay Period Salary	4,118.83	3,887.56	PR/EMNT
EMPLOYEE:	2737 BRYAN , LUKE	SOC.SEC.NUM:	XXX-XX-XXXX	PERSON ID:	859			
<u>DATE</u>	<u>TIME</u>	<u>ACTION</u>	<u>TABLE & RECORD</u>	<u>USER ID</u>	<u>FIELD</u>	<u>OLD VALUE</u>	<u>NEW VALUE</u>	<u>TRANS</u>
01/24/2012	2:19:34 PM	Change	PREMPJOB- Job:1	payroll	Pay Period Salary	0.00	3,124.69	PR/EMNT

*** END OF REPORT ***

GL Distribution Report verifies the employees posting to each cost center and funding source as well as each component of the GL Account Number.

PR/GLD1: GL Distribution Report (v3.04)

Payroll Run ID: JULY2018

Print Employee Detail Select By GL Component

Select Group Option

None
 Report Location
 GL Component
 Job Location

Report Destination

To Report Viewer
 To Printer HBE_CFO_OFFICE

Enter Selection Criteria,

Enter Account Selection Criteria

Accept Selection Criteria

Component Name	Sort Order	Beginning Value	Ending Value	
SFund	2		zzzz	Add Item

Component Contains: SFnd

Sort Order Must Be Major to Minor (0 Sort Order = Selection Criteria only - Do Not Sort or Total)

Component Name	Sort Order	From Value	To Value	
CCTR	1		zzzz	
SFund	2		zzzz	

This Report is very helpful in finding coding errors prior to posting your payroll. Selecting the SFund GL Component and the CCTR sorting option gives you the employees by cost center and funding source. Select any combination to help you verify your coding is correct for the current year's budget.

RUN DATE: 07/28/2018
 RUN TIME: 06:28PM

MCAI PAYROLL SYSTEM
 DISTRIBUTION REPORT (EMPLOYEE)
 CITY BOARD OF EDUCATION
 PAYROLL RUN ID: JULY2018 CHECK DATE: 2018-07-31 MONTHLY

CCTR	SFund	GL COMPONENT	GROSS AMT	EX	EMPLOYEE NAME	EMPLOYEE#
0010	1110	11-5-1100-010-0010-1110-0-1100-0000	4,575.17		Last Name, First Name	2140
			4,138.83		Last Name, First Name	2855
			4,724.08		Last Name, First Name	1389
			5,201.42		Last Name, First Name	2986
			4,996.17		Last Name, First Name	1675
			4,996.17		Last Name, First Name	3235
		G/L TOTAL =====>	28,631.84			
		11-5-1100-010-0010-1110-0-1200-0000	4,996.17		Last Name, First Name	1024
			3,804.58		Last Name, First Name	3250
			4,165.54		Last Name, First Name	2490
			3,747.88		Last Name, First Name	2954
			3,406.59		Last Name, First Name	2668
			4,512.67		Last Name, First Name	2215
			4,450.17		Last Name, First Name	2386
			4,450.17		Last Name, First Name	2667
			4,138.83		Last Name, First Name	3116
			5,237.67		Last Name, First Name	2494
			4,628.50		Last Name, First Name	1131
			4,760.42		Last Name, First Name	1442
			5,148.33		Last Name, First Name	1189
			4,221.25		Last Name, First Name	3241
			5,148.33		Last Name, First Name	2634
			4,996.17		Last Name, First Name	2383
			4,398.28		Last Name, First Name	2741
			4,760.42		Last Name, First Name	2028
			5,112.08		Last Name, First Name	2990
			4,182.28		Last Name, First Name	2801

You can verify the substitute's and supplement's posting to each cost center and funding source as well as each component of the GL Account Number.

PR/GLD1: GL Distribution Report (v3.04)

Payroll Run ID: JULY2018
JULY 2018

Print Employee Detail Select By GL Component

Select Group Option

None Report Location GL Component
 Job Location SFund

Report Destination

To Report Viewer
 To Printer HBE_CFO

Enter Selection

Enter Account Selection Criteria

Accept Selection Criteria

Component Name Sort Order Beginning Value Ending Value

Object 1 191 198 Add Item

Component Contains: Fd

Sort Order Must Be Major to Minor (0 Sort Order = Selection Criteria only - Do Not Sort or Total)

Component Name	Sort Order	From Value	To Value	
Object	1	180	180	
Object	1	191	198	

This report is very helpful in finding substitute and supplement coding errors prior to posting your payroll. Select any combination to help you verify your coding is correct for the current year's budget.

RUN DATE: 07/28/2018
 RUN TIME: 06:37PM

MCAI PAYROLL SYSTEM
 DISTRIBUTION REPORT (SFund/EMPLOYEE)
 CITY BOARD OF EDUCATION
 PAYROLL RUN ID: JULY2018 CHECK DATE: 2018-07-31 MONTHLY

Page 15 of 22
 PRGLD1

SFund		GROSS AMT	EX	EMPLOYEE NAME	EMPLOYEE#
Object 180 SUBSTITUTE					
8001	11-5-1100-180-0020-8001-0-1810-0000	210.00		SUBSTITUTE, FEDERAL FUNDS	1085
		140.00		SUBSTITUTE2, FEDERAL FUNDS	1559
	G/L TOTAL =====>	350.00			
8001	11-5-8210-180-8600-8001-0-8620-0000	630.00		Last Name, First Name	3219
	G/L TOTAL =====>	630.00			
	Object 191 TOTAL	980.00			
Object 192 STIPENDS					
8001	11-5-2215-192-0020-8001-0-4300-8918	75.00		Last Name, First Name	1730
		75.00		Last Name, First Name	1140
		75.00		Last Name, First Name	1341
		75.00		Last Name, First Name	1437
		75.00		Last Name, First Name	2659
	G/L TOTAL =====>	375.00			
	Object 192 TOTAL	375.00			

Salary & Benefit by GL Report is a very helpful in finding retirees, substitutes and supplement coding errors prior to posting your payroll. Selecting these object code sorting values helps to verify that Matching Ins and Retirement have been sheltered from the appropriate Job Pay Records.

PR/SBGL: Salary & Benefits by GL Report (v3.21)

Payroll Run ID: MARCH 2020

Restrict Report By:

- Payroll Run Id
- Check Date
- Post Date

Sort Report By:

- Employee Name
- Employee#

Select By GL Component

Print Employee Detail
 Print GL Account Detail
 Include Gross Amt
 Print Social Security#
 Page Break on Primary Comp

Report Columns:

- Column 1 Desc 1: TRet
- Column 2 Desc 2: tret2
- Column 3 Desc 3: Peehip-Bd
- Column 4 Desc 4: DentBd
- Column 5 Desc 5: LIFEINS
- Column 6 Desc 6: Column 6

Select Employee Numbers to Report

Enter List of Employee Numbers to Report

Report Destination:

- To Report Viewer
- To Printer lbuch laser

Employee Employer

Deductions To Use For Column

Ded #	Description
<input type="checkbox"/> 4	Social Security
<input type="checkbox"/> 5	Medicare Withholdings
<input type="checkbox"/> 6	Unemployment
<input type="checkbox"/> 11	Teachers Retirement
<input type="checkbox"/> 12	Peehip - Employer
<input type="checkbox"/> 13	Peehip - Employee

Enter Account Selection Criteria

Component Name: Fund Sort Order: 2 Beginning Value: Ending Value: zz

Component Contains: Fd

Sort Order Must Be Major to Minor (0 Sort Order = Selection Criteria only - Do Not Sort or Total)

Component Name	Sort Order	From Value	To Value
Object	1	089	089
Object	1	099	099
Object	1	167	168
Object	1	180	180
Object	1	191	199

A quick scan of these Columns reveal that Matching Ins and Retirement have NOT been sheltered from the appropriate Job Pay Records in the following example. This report can be used as a quick scan of any Matching Benefit.

RUN DATE:		MCAI PAYROLL SYSTEM					Page 1 of 31	
RUN TIME:		Salary & Benefits by GL Report (v3.21)					PRSBGL	
		CITY BOARD OF EDUCATION						
		PAYROLL RUN ID: MAR2020						
		<u>GROSS AMT</u>	EMPLOYEE <u>TRet</u>	EMPLOYEE <u>trret2</u>	EMPLOYER <u>Peehip-Bd</u>	EMPLOYEE <u>DentBd</u>	EMPLOYER <u>LIFEINS</u>	<u>TOTAL</u>
CONTRACT SUBSTITUTE 089								
11-5-1100-089-0040-6001-0-1602-0000								
1251	LAST NAME, FIRST NAME		2,500.00					2,500.00
Account Total:		2,500.00						2,500.00
11-5-1100-089-8100-6001-0-2900-3020								
2868	LAST NAME, FIRST NAME		3,325.00					3,325.00
Account Total:		3,325.00						3,325.00
11-5-2180-089-8210-6001-0-2900-3020								
2933	LAST NAME, FIRST NAME		3,206.25					3,206.25
Account Total:		3,206.25						3,206.25
11-5-2190-089-0010-6001-0-1200-0000								
1157	LAST NAME, FIRST NAME		1,342.50					1,342.50
3660	LAST NAME, FIRST NAME		1,612.50					1,612.50
1504	LAST NAME, FIRST NAME		1,792.50					1,792.50
3663	LAST NAME, FIRST NAME		1,425.00					1,425.00
Account Total:		6,172.50						6,172.50
11-5-2190-089-0020-6001-0-1100-0000								
3665	LAST NAME, FIRST NAME		2,235.00					2,235.00
Account Total:		2,235.00						2,235.00
11-5-2190-089-0020-6001-0-1200-0000								
1448	LAST NAME, FIRST NAME		862.50					862.50
2560	LAST NAME, FIRST NAME		1,020.00					1,020.00
Account Total:		1,882.50						1,882.50
11-5-2190-089-0035-6001-0-1500-0000								
3265	LAST NAME, FIRST NAME		2,940.00					2,940.00
1570	LAST NAME, FIRST NAME		1,807.50					1,807.50
3772	LAST NAME, FIRST NAME		2,190.00					2,190.00
1727	LAST NAME, FIRST NAME		2,190.00					2,190.00
Account Total:		9,127.50						9,127.50

Prior Period Comparison Report for changes in Gross Pay by Employee Name and Employee Type

PR/PPCR: Prior Period Comparison Report (v3.18)

Payroll Run ID:
MARCH 2020

Sort Report By:
 Empl Name Report Loc Check Loc
 Empl Type Job Loc

Check Date: 03/31/2020 Period Ending Date: 02/28/2020
 Gross Pay Report Changes Only
 Employee Deductions Gross Pay % Difference: <> 0.00%
 Employer Deductions
 Fringe Data
 Mask SSN on Report

Employee Last Name: From: Thru:
 Prior Check Dates: From: Thru:

Payroll Run ID's

Payroll Run ID	Check Date	ID Type
<input checked="" type="checkbox"/> FEB2020	02/28/2020	Regular
<input type="checkbox"/> GRAYJ-Refund	02/28/2020	Offline
<input type="checkbox"/> NBCTFEB2020	02/28/2020	Supplemental

Deductions

Num	Description
<input type="checkbox"/> 10	GROUP TERM LIFE
<input checked="" type="checkbox"/> 11	Teachers Retirement
<input checked="" type="checkbox"/> 12	Peehip - Employer
<input type="checkbox"/> 13	Peehip - Employee
<input type="checkbox"/> 14	PEEHIP TOBACCO SUP

Employee Types

Type	Description
<input checked="" type="checkbox"/> 4501	Baseball Coach
<input checked="" type="checkbox"/> 4502	Basketball Coach
<input checked="" type="checkbox"/> 4503	Football Coach
<input checked="" type="checkbox"/> 4504	Golf Coach
<input checked="" type="checkbox"/> 4505	Soccer Coach

Pay Period Code

Num	Description
<input checked="" type="checkbox"/> B	Bi-Weekly
<input checked="" type="checkbox"/> M	Monthly
<input checked="" type="checkbox"/> N	No-Pay
<input checked="" type="checkbox"/> S	Semi-Monthly
<input checked="" type="checkbox"/> W	Weekly

Job Status

Num	Description
<input checked="" type="checkbox"/> A	Active
<input checked="" type="checkbox"/> L	On Leave
<input checked="" type="checkbox"/> R	Retiree Substitute
<input checked="" type="checkbox"/> S	Substitute
<input checked="" type="checkbox"/> T	Terminated

PR/PPCR: Prior Period Comparison Report (v3.18)

Payroll Run ID:
MARCH 2020

Sort Report By:
 Empl Name Report Loc Check Loc
 Empl Type Job Loc

Check Date: 03/31/2020 Period Ending Date: 02/28/2020
 Gross Pay Report Changes Only
 Employee Deductions Gross Pay % Difference: <> 0.00%
 Employer Deductions
 Fringe Data
 Mask SSN on Report

Employee Last Name: From: Thru:
 Prior Check Dates: From: Thru:

Payroll Run ID's

Payroll Run ID	Check Date	ID Type
<input checked="" type="checkbox"/> FEB2020	02/28/2020	Regular
<input type="checkbox"/> GRAYJ-Refund	02/28/2020	Offline
<input type="checkbox"/> NBCTFEB2020	02/28/2020	Supplemental

Deductions

Num	Description
<input checked="" type="checkbox"/> 10	GROUP TERM LIFE
<input checked="" type="checkbox"/> 11	Teachers Retirement
<input checked="" type="checkbox"/> 12	Peehip - Employer
<input type="checkbox"/> 13	Peehip - Employee
<input type="checkbox"/> 14	PEEHIP TOBACCO SUP

Employee Types

Type	Description
<input checked="" type="checkbox"/> 4501	Baseball Coach
<input checked="" type="checkbox"/> 4502	Basketball Coach
<input checked="" type="checkbox"/> 4503	Football Coach
<input checked="" type="checkbox"/> 4504	Golf Coach
<input checked="" type="checkbox"/> 4505	Soccer Coach

Pay Period Code

Num	Description
<input checked="" type="checkbox"/> B	Bi-Weekly
<input checked="" type="checkbox"/> M	Monthly
<input checked="" type="checkbox"/> N	No-Pay
<input checked="" type="checkbox"/> S	Semi-Monthly
<input checked="" type="checkbox"/> W	Weekly

Job Status

Num	Description
<input checked="" type="checkbox"/> A	Active
<input checked="" type="checkbox"/> L	On Leave
<input checked="" type="checkbox"/> R	Retiree Substitute
<input checked="" type="checkbox"/> S	Substitute
<input checked="" type="checkbox"/> T	Terminated

The Prior Period Comparison Report recognizes the changes from a previous payroll period. The report can be Exported to Excel where your Payroll Officer can add an Explanation Column to document the reason for the variances.

The following report was run for changes only in Gross Salary.

PRIOR PERIOD: 2/01/2020 THRU 2/28/2020

SELECTED (CURRENT) PAYROLL RUN ID: MAR2020 DATED: 3/31/2020 REPORT SORTED BY EMPLOYEE NAME, CHANGES ONLY (DIFFERENCE NOT ZERO) SHOWN

<u>EMPLOYEE NAME</u>	<u>EMP#</u>	<u>SSN</u>	<u>JOB#</u>	<u>PRIOR AMOUNT</u>	<u>CURRENT AMOUNT</u>	<u>DIFF FROM PRIOR PERIOD</u>	<u>EXPLANTIONS>\$200</u>
BURN'EM, EARN'EM	2334	xxx-xx-xxxx	1	4,118.83	3,887.56	-231.27	No leave - DCK 1 day
BRYAN, LUKE	2737	xxx-xx-xxxx	1	.00	3,124.69	3,124.69	New Teacher
CHURCH, ERIC	2728	xxx-xx-xxxx	1	.00	1,190.03	1,190.03	New Bus Driver
COMBS, LUKE	2232	xxx-xx-xxxx	20	58.32	.00	-58.32	
GREEN, RILEY	2350	xxx-xx-xxxx	35	9.38	.00	-9.38	
KEITH, TOBY	2005	xxx-xx-xxxx	10	12.96	.00	-12.96	
MORRIS, MAREN	2109	xxx-xx-xxxx	30	100.00	.00	-100.00	
SHELTON, BLAKE	2671	xxx-xx-xxxx	21	-67.83	.00	67.83	
EMPLOYEE GROSS PAY TOTALS=====>				4,231.66	8,202.28	3,970.62	

*** END OF REPORT ***

Prior Period Comparison Report for changes in Fringe Benefit Data

PR/PPCR: Prior Period Comparison Report (v3.18)

Payroll Run ID:
MARCH 2020

Sort Report By:

Empl Name
 Report Loc
 Check Loc
 Empl Type
 Job Loc

Check Date: 03/31/2020
 Period Ending Date: 02/28/2020
 Gross Pay
 Report Changes Only
 Employee Deductions
 Gross Pay % Difference:
 Employer Deductions
 Fringe Data
 Mask SSN on Report

Employee Last Name

From: Thru:

Prior Check Dates

From: Thru:

Payroll Run ID's

Payroll Run ID	Check Date	ID Type
<input checked="" type="checkbox"/> FEB2020	02/28/2020	Regular

Deductions

Num	Description
<input type="checkbox"/> 10	GROUP TERM LIFE
<input checked="" type="checkbox"/> 11	Teachers Retirement
<input checked="" type="checkbox"/> 12	Peehip - Employer
<input type="checkbox"/> 13	Peehip - Employee
<input type="checkbox"/> 14	PEEHIP TOBACCO SUP

Employee Types

Type	Description
<input checked="" type="checkbox"/> 4501	Baseball Coach
<input checked="" type="checkbox"/> 4502	Basketball Coach
<input checked="" type="checkbox"/> 4503	Football Coach
<input checked="" type="checkbox"/> 4504	Golf Coach
<input checked="" type="checkbox"/> 4505	Soccer Coach

Pay Period Code

Num	Description
<input checked="" type="checkbox"/> B	Bi-Weekly
<input checked="" type="checkbox"/> M	Monthly
<input checked="" type="checkbox"/> N	No-Pay
<input checked="" type="checkbox"/> S	Semi-Monthly
<input checked="" type="checkbox"/> W	Weekly

Job Status

Num	Description
<input checked="" type="checkbox"/> A	Active
<input checked="" type="checkbox"/> L	On Leave
<input checked="" type="checkbox"/> R	Retiree Substitute
<input checked="" type="checkbox"/> S	Substitute
<input checked="" type="checkbox"/> T	Terminated

This Prior Period Comparison Report Exported to Excel displays the variances to the Fringe Benefit Amounts .

FRINGE AMOUNT PRIOR PERIOD COMPARISON REPORT

PRIOR PERIOD: 2/01/2020 THRU 2/28/2020- EMPLOYEE FRINGE AMOUNTS SHOWN

SELECTED (CURRENT) PAYROLL RUN ID: MAR2020 DATED: 3/31/2020 REPORT SORTED BY EMPLOYEE NAME

EMPLOYEE NAME	EMP#	SSN	JOB#	PRIOR AMOUNT	CURRENT AMOUNT	DIFF FROM PRIOR PERIOD	EXPLANTIONS > 0.50
BURN'EM, EARN'EM	2334	XXX-XX-XXXX	1	.98	3.91	2.93	Diff age bracket
BRYAN, LUKE	2737	XXX-XX-XXXX	1	.00	.48	0.48	
CHURCH, ERIC	2728	XXX-XX-XXXX	1	.00	.16	0.16	
COMBS, LUKE	2232	XXX-XX-XXXX	1	.61	.64	0.04	
GREEN, RILEY	2350	XXX-XX-XXXX	1	.60	.69	0.09	
KEITH, TOBY	2005	XXX-XX-XXXX	1	3.97	4.23	0.26	
MORRIS, MAREN	2109	XXX-XX-XXXX	1	3.45	3.51	0.06	
SHELTON, BLAKE	2671	XXX-XX-XXXX	1	2.51	4.14	1.63	Promoted to Principal
EMPLOYEE GROSS PAY TOTALS=====>				12.12	17.76	5.65	

*** END OF REPORT ***

Prior Period Comparison Report for changes in Gross Pay & Deductions for the New Contract/Fiscal Year

PR/PPCR: Prior Period Comparison Report (v3.18)

Payroll Run ID: **JULY2018**

Sort Report By:

Empl Name
 Report Loc
 Check Loc
 Empl Type
 Job Loc

Employee Last Name
 From: All Thru: All
 Prior Check Dates
 From: 06/01/2018 Thru: 06/30/2018

Check Date: 03/31/2020 Period Ending Date: 02/28/2020
 Gross Pay Report Changes Only
 Employee Deductions Gross Pay % Difference: <> 0.00%
 Employer Deductions
 Fringe Data
 Mask SSN on Report

Payroll Run ID's

Payroll Run ID	Check Date	ID Type
<input checked="" type="checkbox"/> jun2018	06/29/2018	Regular

Deductions

Num	Description
<input type="checkbox"/> 10	GROUP TERM LIFE
<input checked="" type="checkbox"/> 11	Teachers Retirement
<input checked="" type="checkbox"/> 12	Peehip - Employer
<input type="checkbox"/> 13	Peehip - Employee
<input type="checkbox"/> 14	PEEHIP TOBACCO SIF

Employee Types

Type	Description
<input checked="" type="checkbox"/> 4501	Baseball Coach
<input checked="" type="checkbox"/> 4502	Basketball Coach
<input checked="" type="checkbox"/> 4503	Football Coach
<input checked="" type="checkbox"/> 4504	Golf Coach
<input checked="" type="checkbox"/> 4505	Soccer Coach

Pay Period Code

Num	Description
<input checked="" type="checkbox"/> B	Bi-Weekly
<input checked="" type="checkbox"/> M	Monthly
<input checked="" type="checkbox"/> N	No-Pay
<input checked="" type="checkbox"/> S	Semi-Monthly
<input checked="" type="checkbox"/> W	Weekly

Job Status

Num	Description
<input checked="" type="checkbox"/> A	Active
<input checked="" type="checkbox"/> L	On Leave
<input checked="" type="checkbox"/> R	Retiree Substitute
<input checked="" type="checkbox"/> S	Substitute
<input checked="" type="checkbox"/> T	Terminated

Prior Period Comparison Report by Employee Type is very helpful for verifying increases/decreases in Gross Pay for extra duties, raises, supplements, stipends, etc.

RUN DATE :
07/26/2018

MCAI PAYROLL SYSTEM

Page 1 of 27
PRPPCR_GROSS

RUN TIME :
07:41: PM

EMPLOYEE GROSS PAY PRIOR PERIOD COMPARISON REPORT

HOMEWOOD CITY BOARD OF EDUCATION

PRIOR PERIOD: 06/01/2018 THRU 06/30/2018

SELECTED (CURRENT) PAYROLL RUN ID: JULY2018 DATED: 2018-7-3 1 REPORT SORTED BY EMPLOYEE NAME, CHANGES ONLY (DIFFERENCE NOT ZERO) SHOWN

<u>EMPLOYEE NAME</u>	<u>EMP#</u>	<u>JOB#</u>	<u>E TYPE</u>	<u>PRIOR AMOUNT</u>	<u>CURRENT AMOUNT</u>	<u>DIFF FROM PRIOR PERIOD</u>	<u>PERCENT DIFF</u>
LAST NAME , FIRST NAME	3469	1	AD	6,598.21	6,763.17	164.96	2.50007%
LAST NAME , FIRST NAME	1007	1	AF	7,994.22	8,194.08	199.86	2.50006%
LAST NAME , FIRST NAME	3112	1	AP	8,688.21	8,905.42	217.21	2.50005%
LAST NAME , FIRST NAME	2951	1	AP	8,028.78	8,229.50	200.72	2.50001%
LAST NAME , FIRST NAME	3470	1	AP	6,794.87	6,964.75	169.88	2.50012%
LAST NAME , FIRST NAME	1730	1	AP	6,875.36	7,047.25	171.89	2.50009%
LAST NAME , FIRST NAME	3368	1	AP	6,553.90	6,717.75	163.85	2.50004%
LAST NAME , FIRST NAME	3346	1	AP	7,057.80	7,234.25	176.45	2.50007%
LAST NAME , FIRST NAME	1445	1	ASFI	12,187.24	12,491.92	304.68	2.49999%
LAST NAME , FIRST NAME	1024	1	ASIN	12,269.10	12,575.83	306.73	2.50002%
LAST NAME , FIRST NAME	1025	1	PR	7,755.44	7,949.33	193.89	2.50005%
LAST NAME , FIRST NAME	2194	1	PR	10,344.80	10,603.42	258.62	2.50000%
LAST NAME , FIRST NAME	3250	2	PR	7,129.83	7,308.08	178.25	2.50006%
LAST NAME , FIRST NAME	2490	1	PR	4,027.23	4,127.92	100.69	2.50023%
LAST NAME , FIRST NAME	3238	1	PR	7,755.44	7,949.33	193.89	2.50005%
LAST NAME , FIRST NAME	1043	1	PR	7,994.22	8,194.08	-4,952.50	2.50006%
LAST NAME , FIRST NAME	3472	1	PR	7,907.31	8,105.00	-4,575.17	2.50009%
LAST NAME , FIRST NAME	3391	1	PR	8,748.94	8,967.67	-3,365.17	2.50007%
LAST NAME , FIRST NAME	1050	1	PR	8,210.00	8,415.25	-5,148.33	2.50000%
LAST NAME , FIRST NAME	2902	1	TC12	6,763.17	6,932.25	169.08	2.50000%
LAST NAME , FIRST NAME	2622	1	TC12	6,700.92	6,868.44	167.52	2.50000%
LAST NAME , FIRST NAME	2470	1	TC12	5,711.00	5,853.78	142.78	2.50000%
LAST NAME , FIRST NAME	2301	3	TC12	6,329.08	6,487.31	158.23	2.50000%
LAST NAME , FIRST NAME	1697	1	TC12	7,163.17	7,342.25	179.08	2.50000%
LAST NAME , FIRST NAME	1604	1	TC12	6,825.50	6,996.14	170.64	2.50000%
LAST NAME , FIRST NAME	1649	6	TC12	6,763.17	6,932.25	169.08	2.50000%
LAST NAME , FIRST NAME	1725	1	TC12	6,825.50	6,996.14	170.64	2.50000%
LAST NAME , FIRST NAME	2954	1	TC9	3,747.86	.00	-3,747.86	-100.00000
LAST NAME , FIRST NAME	3369	1	TC9	3,718.98	.00	-3,718.98	-100.00000
LAST NAME , FIRST NAME	1061	1	TC9	4,325.17	.00	-4,325.17	-100.00000

The Payroll Register is normally verified and signed by the CSFO before the payroll is processed. If the “Include Totals by SFund” option is selected, it is a very useful tool in checking GL coding.

PR/PREG: Payroll Register (v3.11)

Payroll Run ID MARCH 2020

Grand Totals Only

Include Report Location Totals

Print Order

Employee Name Check Location

Print Vendor Register

Include Voided Checks

Mask SSN on Report

Report Location Range

From Thru

Separate Column for Matching Insurance

Matching Ins Report Type

Include Totals Grouped by GL Component

Print Totals w/GL Overlays

SFund

Report Destination

To Printer To Report Viewer To File

Setup

Enter Selection Criteria, Click Enter(F1) To Generate Report

The last page has summary totals by Source of Funds. It is easy to compare the figures from one month to the next and is also the total amount to transfer to the Payroll Clearing Fund.

RUN DATE: 03/11/2020
 RUN TIME: 11:16AM

MCAI PAYROLL SYSTEM
 PAYROLL REGISTER
 CITY BOARD OF EDUCATION
 PAYROLL RUN ID: MAR2020 - Regular

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 PRPREG

CHECK DATE: 03/31/2020 ALL PERIODS END OF MONTH SICK LEAVE MONTH: 7

<u>SFund</u>	<u>gross</u>	<u>SS MATCH</u>	<u>MC MATCH</u>	<u>SUI MATCH</u>	<u>RET MATCH</u>	<u>WC MATCH</u>	<u>BOARD PAID</u>	<u>MAT INS</u>	<u>SFUND TOTAL</u>
1110	1,561,635.09	91,039.93	21,291.53	0.00	191,429.91	0.00	0.00	261,691.83	2,127,088.29
1220	12,289.24	737.14	172.40	0.00	1,527.56	0.00	0.00	2,265.53	16,991.87
1221	4,033.99	249.18	58.28	0.00	501.43	0.00	0.00	306.04	5,148.92
1230	9,778.20	573.28	134.07	0.00	1,215.44	0.00	0.00	1,521.23	13,222.22
1252	30.00	1.86	0.44	0.00	0.00	0.00	0.00	0.00	32.30
1279	1,027.57	62.34	14.60	0.00	124.71	0.00	0.00	0.00	1,229.22
1310	2,665.82	160.69	37.59	0.00	325.15	0.00	0.00	166.01	3,355.26
1520	1,700.43	83.50	19.53	0.00	211.36	0.00	0.00	649.06	2,663.88
2901	1,666.68	101.14	23.66	0.00	207.16	0.00	0.00	0.00	1,998.64
3210	41,511.24	2,426.28	567.44	0.00	4,964.25	0.00	0.00	14,469.81	63,939.02
3220	463.24	22.75	5.32	0.00	57.58	0.00	0.00	176.82	725.71
4110	20,317.49	1,188.92	278.05	0.00	2,523.53	0.00	0.00	3,028.77	27,336.76
4130	1,111.29	68.10	15.93	0.00	138.13	0.00	0.00	84.31	1,417.76
5101	68,235.11	3,831.61	896.12	0.00	8,236.20	0.00	0.00	27,231.47	108,430.51
5315	20,259.70	1,225.74	286.66	0.00	2,227.89	0.00	0.00	2,615.91	26,615.90
5920	3,974.66	239.01	55.89	0.00	460.35	0.00	0.00	551.62	5,281.53
5991	4,229.30	228.78	53.49	0.00	504.59	0.00	0.00	672.35	5,688.51
6001	922,577.08	54,642.84	12,779.42	0.00	101,779.28	0.00	0.00	153,211.28	1,244,989.90
6921	9,057.74	490.74	114.77	0.00	1,125.88	0.00	0.00	2,482.59	13,271.72
TOTAL ==>	2,686,563.87	157,373.83	36,805.19	0.00	317,560.40	0.00	0.00	471,124.63	3,669,427.92

*** END OF REPORT ***

Pre-Post Payroll to GL, with REPORT ONLY – Do Not Post checked, is a very useful tool in preventing GL coding errors when performed prior to processing the ACH file and printing Checks.

PR/PPPR: Pre-Post Payroll to GL (v3.09)

PR Run Id
MARCH 2020

Report Only - Do Not Post

Pay Period Ending: 02/28/2020
GL Expense: 03/31/2020
Cash Disbursement: 03/31/2020
Transfers: 03/31/2020

Report Destination

To Report Viewer To Grid To File
 To Printer Ibuck laser

Setup

Click Enter to Validate PR Run Id or Click Post To Process Transaction

The last page has the transfer totals by Source of Funds. Compare the figures below and ensure they match the totals from the Payroll Register above before transferring to the Payroll Clearing Fund.

RUN DATE: 03/11/2020
 RUN TIME: 11:13AM

MCAI PAYROLL SYSTEM
 JOURNAL ENTRY REPORTING FROM POSTING
 CITYBOARD OF EDUCATION
 MAR2020

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 PR P P G L

TRANSACTION ID # 47321

	SRC	DATE			DEBIT	CREDIT	
	CD	FY	POSTED	FP	GENERAL REF.	AMOUNT	
						AMOUNT COMMENT	
38-1-0133-000-0000-1279-0-0000-8911	P/R	2020	03/31/2020	6	TRANS 11	0.00	1,229.22 FUND 38 CD 3/2020
38-1-0133-000-0000-2901-0-0000-8911	P/R	2020	03/31/2020	6	TRANS 11	0.00	1,998.64 FUND 38 CD 3/2020
38-1-0133-000-0000-1220-0-0000-8911	P/R	2020	03/31/2020	6	TRANS 11	0.00	16,991.87 FUND 38 CD 3/2020
38-1-0133-000-0000-1252-0-0000-8911	P/R	2020	03/31/2020	6	TRANS 11	0.00	32.30 FUND 38 CD 3/2020
38-1-0133-000-0000-1310-0-0000-8911	P/R	2020	03/31/2020	6	TRANS 11	0.00	3,355.26 FUND 38 CD 3/2020
38-1-0133-000-0000-1221-0-0000-8911	P/R	2020	03/31/2020	6	TRANS 11	0.00	5,148.92 FUND 38 CD 3/2020
38-1-0133-000-0000-6921-0-0000-8911	P/R	2020	03/31/2020	6	TRANS 11	0.00	13,271.72 FUND 38 CD 3/2020
38-1-0133-000-0000-1520-0-0000-8911	P/R	2020	03/31/2020	6	TRANS 11	0.00	2,663.88 FUND 38 CD 3/2020
38-1-0111-000-0000-0000-0-0000-0000	P/R	2020	03/31/2020	6	TRANS 12	234,154.17	0.00 FUND 38 CD 3/2020
38-1-0133-000-0000-4110-0-0000-8912	P/R	2020	03/31/2020	6	TRANS 12	0.00	27,336.76 FUND 38 CD 3/2020
38-1-0133-000-0000-3210-0-0000-8912	P/R	2020	03/31/2020	6	TRANS 12	0.00	63,939.02 FUND 38 CD 3/2020
38-1-0133-000-0000-5315-0-0000-8912	P/R	2020	03/31/2020	6	TRANS 12	0.00	26,615.90 FUND 38 CD 3/2020
38-1-0133-000-0000-5991-0-0000-8912	P/R	2020	03/31/2020	6	TRANS 12	0.00	5,688.51 FUND 38 CD 3/2020
38-1-0133-000-0000-4130-0-0000-8912	P/R	2020	03/31/2020	6	TRANS 12	0.00	1,417.76 FUND 38 CD 3/2020
38-1-0133-000-0010-5101-0-8420-8912	P/R	2020	03/31/2020	6	TRANS 12	0.00	20,680.52 FUND 38 CD 3/2020
38-1-0133-000-0020-5101-0-8420-8912	P/R	2020	03/31/2020	6	TRANS 12	0.00	16,234.06 FUND 38 CD 3/2020
38-1-0133-000-0030-5101-0-8420-8912	P/R	2020	03/31/2020	6	TRANS 12	0.00	23,789.10 FUND 38 CD 3/2020
38-1-0133-000-0035-5101-0-8420-8912	P/R	2020	03/31/2020	6	TRANS 12	0.00	33,087.57 FUND 38 CD 3/2020
38-1-0133-000-0040-5101-0-8420-8912	P/R	2020	03/31/2020	6	TRANS 12	0.00	14,639.26 FUND 38 CD 3/2020
38-1-0133-000-0000-3220-0-0000-8912	P/R	2020	03/31/2020	6	TRANS 12	0.00	725.71 FUND 38 CD 3/2020
					FUND TOTALS	3,669,427.92	3,669,427.92
					GRAND TOTALS	18,347,139.60	18,347,139.60

*** END OF REPORT ***

Designating a “Terminated Employees” Cost Center # 9999 and placing in the Reporting and Check Location Fields can Help you Catch Overpayments BEFORE they occur.

PR/EMNT Name: SMITH, EARNEST SSN: 421-90-9382 HQ: Not Approved Cert: Non-Certified (v3.97)

Employee #	Name (Last, First M)	SSN	Person Id	Current Form	Document
1641	SMITH,		488	Employee Data	

Employee Status:

Employee Hire Date:

Term. Code/Date:

Reporting Loc.: TERMINATED EMPLOYEES

Check Location: TERMINATED EMPLOYEES

Default Pay Period: Monthly

Retirement: Retirement Withheld
 Do Not Withhold
 Use Default

RSA Flag: Contributing
 Non-Participating
 Do Not Report

Retire Tier:

Using the “Use Pay Dates / Use Pay End Dates” can also eliminate Overpayments BEFORE they occur.

Employee #	Name (Last, First M)	SSN	Person Id	Current Form	Document
2110	SMITH,		1096	Job Pay Record	

Job Number 1	Employee Type: TC9	Teacher 9 month	Job Status: Terminated
Contract Days: 187	State Salary Unit: 0.00	Total of All Active Jobs Annual: 0.00 Monthly: 0.00	Exempt From <input type="checkbox"/> 1. Federal Tax <input type="checkbox"/> 2. State Tax <input type="checkbox"/> 3. Social Security <input type="checkbox"/> 4. Medicare <input type="checkbox"/> 5. City Tax <input type="checkbox"/> 6. County Tax <input type="checkbox"/> 7. Retirement <input type="checkbox"/> 8. SUI <input type="checkbox"/> 9. Worker's Comp <input checked="" type="checkbox"/> Matching Insurance
Percent Worked: 100%	State Based Salary: 0.00		
Annual Salary: 40,000.00	Full Time Earnings: 3,333.33		
Salaried Periods: 12	Summer Pay Flag: [v]		
Pay Period Salary: 3,333.33	<input type="checkbox"/> Include Job in LEAPS Reporting		
Hourly/Daily Code: D	<input checked="" type="checkbox"/> Use Pay Dates	<input checked="" type="checkbox"/> Use End Pay Date	
Hours Per Day: 8.00	7 /29/2018	Thru 8 /31/2018	
Rate of Pay: 213.90	<input type="checkbox"/> Use Contract Dates	1 /1 /1900	
Overtime Rate: 320.85	<input type="checkbox"/> Calculate Salaries	1 /1 /1900	
Accrual Days: 0.00			

Payroll Edits After Update & Posting

- Payroll Check Records By GL Acct , YTD Distribution Report, and/or Salary & Benefits by GL Report
 - choose Check Date Range
 - by Object and/or SFund (any combination needed)
 - check all Federal Funding Sources
- Salary Transfer / Check Distribution Transfer
 - choose Employee(s) in Maintenance and add GL Acct Number needed to Job GL Dist Record if missing before continuing to Salary Transfer
 - enter Employee Number and Posting Date
 - choose Check Record(s) to edit GL Distribution
 - enter negative amount(s) to reduce the incorrect GL Acct Number(s) and enter matching positive amount(s) to the correcting GL Acct Number(s)
- The General Ledger will be corrected and the Employee's Records and the Payroll Check Record Reports will match the General Ledger Amounts.

PAYROLL CHECK RECORDS BY GL ACCT – OBJECT/SFUNDS

Run monthly and at fiscal year end to check for Coding Errors

PR/CRGL: PR Check Records by GL Acct (v3.02)

Check Date: 10/01/2010 Thru: 09/30/2011

Select By GL Component Print Employee Detail

Report Destination:

- To Printer Lynn
- To Report Viewer
- To File

Enter Selection Criteria

Enter Account Selection Criteria

Accept Selection Criteria

Component Name	Sort Order	Beginning Value	Ending Value
Fund	3		zz

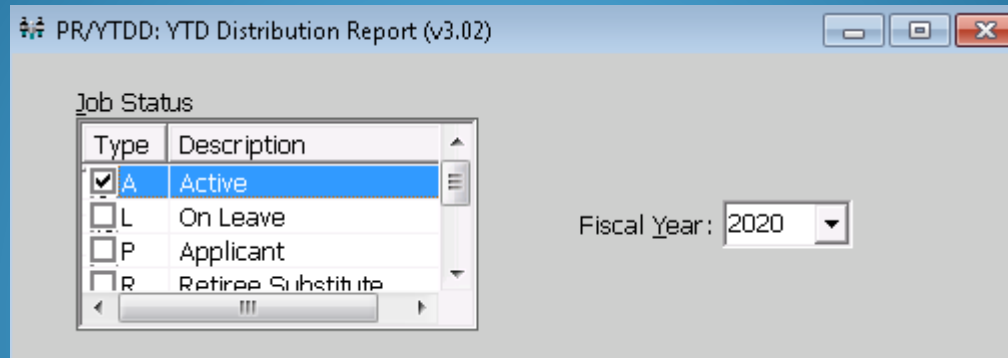
Component Contains: Fd

Sort Order Must Be Major to Minor (0 Sort Order = Selection Criteria only - Do Not Sort or Total)

Component Name	Sort Order	From Value	To Value
Object	1	180	180
SFund	2		zzzz

YTD DISTRIBUTION REPORT

Run monthly and at fiscal year end to check for Budget Overages



CD	EMPLOYEE NAME	EMPLOYEE	JN	2021 BUDGET	2020 BUDGET	FISCAL YTD
12-5-9140-101-0020-3210-0-4712-0000	LAST NAME, FIRST NAME	3189	3	0.00	26,996.00	10,977.60
	G/L TOTAL				26,996.00	10,977.60
12-5-9140-101-0020-3220-0-4712-0000	LAST NAME, FIRST NAME	1326	3	0.00	5,558.89	2,265.64
	G/L TOTAL			0.00	5,558.89	2,265.64
12-5-9200-091-9400-3210-0-2900-0000	LAST NAME, FIRST NAME	3118	2	0.00	0.00	2,396.25
12-5-9200-091-9400-3210-0-2900-0000	LAST NAME, FIRST NAME	3605	1	0.00	0.00	1,383.21
	G/L TOTAL			0.00	0.00	3,779.46
12-5-9200-128-9400-3210-0-2900-0000	LAST NAME, FIRST NAME	2964	1	0.00	670.79	279.50
	G/L TOTAL			0.00	670.79	279.50
	Fund TOTAL			0.00	1,748,533.61	812,183.86
	GRAND TOTAL			0.00	31,784,287.12	14,091,610.19

*** END OF REPORT ***

SALARY & BENEFITS BY GL ACCT –SFUNDS

Run monthly and at fiscal year end to find employees to correct with Salary Transfer

PR/SBGL: Salary & Benefits by GL Report (v3.21)

Beginning Post Date: 10/01/2019 Thru: 02/29/2020

Updated Checks In Process Checks

Restrict Report By:

- Payroll Run Id
- Check Date
- Post Date

Sort Report By:

- Employee Name
- Employee#

Select By GL Component

Print Employee Detail

Print GL Account Detail

Include Gross Amt

Print Social Security#

Page Break on Primary Comp

Report Columns:

- Column 1 Desc 1: Peehip-Bd
- Column 2 Desc 2: TRet
- Column 3 Desc 3: SocSec
- Column 4 Desc 4: Medicare
- Column 5 Desc 5: LIFEINS
- Column 6 Desc 6: DentBL

Employee Employer

Deductions To Use For Column

Ded #	Description
<input type="checkbox"/> 4	Social Security
<input type="checkbox"/> 5	Medicare Withholdings
<input type="checkbox"/> 6	Unemployment
<input type="checkbox"/> 11	Teachers Retirement
<input type="checkbox"/> 12	Peehip - Employer
<input type="checkbox"/> 13	Peehip - Employee
<input type="checkbox"/> 14	PEEHIP TOBACCO SURCHARGE
<input type="checkbox"/> 15	PEEHIP DENTAL
<input type="checkbox"/> 16	Peehip 401k

Select Employee Numbers to Report

Enter List of Employee Numbers to Report (Separate)

Report Destination:

- To Report Viewer
- To Printer lbuch laser

Enter Account Selection Criteria

Accept Selection Criteria

Component Name	Sort Order	Beginning Value	Ending Value
Fund	2		zz

Component Contains: Fd

Sort Order Must Be Major to Minor (0 Sort Order = Selection Criteria only - Do Not Sort or Total)

Component Name	Sort Order	From Value	To Value
SFund	1		zzzz

SALARY TRANSFER / CHECK DISTRIBUTION TRANSFER: FIRST – GO INTO EMPLOYEE MAINTENANCE AND ADD THE CORRECT G/L NUMBER TO THE JOB G/L DIST RECORD

File Edit MCAI Functions Toolbar Windows Help

Enter Add Pers Change Mail Save Inquire Next Back Clear Search PrtScr Exit

PR/EMNT Name: MARY ELIZABETH HQ: Approved Cert: Certified (v3.35)

Employee # Name (Last, First M) SSN Person Id Current Form Document

2546 MARY ELIZABETH 670 Job G/L Dist

Job Number 50 Employee Type: TU TUTOR Job Status: Substitute

Fiscal Year 2012 Show/Hide G/L Distribution

Account Number	Year	Curr. %	Curr. Amt	Budget Tot	FYTD Tot	FTE
12-5-9130-199-0030-4110-0-4800-0000	2012	0%	0.00	0.00	0.00	.00
11-5-9130-011-8100-1810-0-4600-0000	2012	100%	0.00	0.00	1,800.00	.25

Total Budget: \$0.00 Total FYTD Amt: \$1,800.00

Next Previous

SALARY TRANSFER – CHECK DISTRIBUTION TRANSFER:

After entering the Employee # and Posting Date, select the Check Record(s) to Correct

File Edit MCAI Functions Toolbar Windows Help

Enter Add Change Delete Save Inquire Next Back Clear Search PrtScr Exit

PR/SALT: Check Distribution Transfer (v3.06)

Employee # 2546 MARY ELIZABETH Posting Date 01/23/2012

Chk #	Check Date	Gross Wage	Man Ded	Non-Man Ded	Net	Status	Type
9009253	12-30-2011	800.00	134.83	665.17	0	Paid	Direc
9009071	11-30-2011	1,000.00	181.66	818.34	0	Paid	Direc
9008733	09-30-2011	1,700.00	359.46	1,340.54	0	Paid	Direc
9008477	08-31-2011	3,313.00	757.03	2,555.97	0	Paid	Direc
9008366	07-29-2011	3,650.50	842.24	2,808.26	0	Paid	Direc
9008195	06-30-2011	3,313.00	728.49	2,584.51	0	Paid	Direc
9008024	05-31-2011	3,313.00	728.49	2,584.51	0	Paid	Direc
9007845	04-29-2011	3,538.00	804.34	2,733.66	0	Paid	Direc
9007660	03-31-2011	3,538.00	804.34	2,733.66	0	Paid	Direc
9007479	02-28-2011	3,500.50	806.65	2,693.85	0	Paid	Direc
9007300	01-31-2011	3,375.50	763.85	2,611.65	0	Paid	Direc
9007117	12-31-2010	3,525.50	857.68	2,667.82	0	Paid	Direc
9006933	11-30-2010	3,600.50	884.78	2,715.72	0	Paid	Direc

To Select a Check Number Click in the Listview

SALARY TRANSFER – CHECK DISTRIBUTION TRANSFER:

Select Change, the Incorrect Account Number, and enter Negative Adjustment Amount

File Edit MCAI Functions Toolbar Windows Help

Enter Add Change Delete Save Inquire Next Back Clear Search PrtScr Exit

PR/SALT: Check Distribution Transfer (v3.06)

Employee # 2546 MARY ELIZABETH GOODRICH Posting Date 01/23/2012

Check # 9009071

1. G/L Distribution 2. Deductions

Job	Account Number	Gross	Adj Amt
50	12-5-9130-199-0030-4110-0-4800-0000	1,000.00	

Job Account #

Gross Adjustment Add Item

Once in Change Mode - Click in the listview to Alter Distribution

SALARY TRANSFER MENU – CHECK DISTRIBUTION TRANSFER:

Add the Correct Account Number with a Positive Adjustment Amount

File Edit MCAI Functions Toolbar Windows Help

Enter Add Change Delete Save Inquire Next Back Clear Search PrtScr Exit

PR/SALT: Check Distribution Transfer (v3.06)

Employee # 2546 MARY ELIZABETH Posting Date 01/23/2012

Check # 9009071

Check Date 11/30/2011
Quarter Number 4
Cost Center 8010
Gross Wage 1,000.00
Fringe Benefit
Federal Tax 88.33
Advanced EIC
State Tax 31.83
SS Tax 42.00
MCARE Tax 14.50
Total Deductions 823.34
Net Check 0

1. G/L Distribution

Job	Account Number	Gross	Adj Amt
50	12-5-9130-199-0030-4110-0-4800-0000	1,000.00	-1,000.00
50	11-5-9130-011-8100-1810-0-4600-0000	0.00	1,000.00

Job Account #

Gross Adjustment Add Item

2. Deductions

SALARY TRANSFER MENU – CHECK DISTRIBUTION TRANSFER: CORRECTS GL POSTING AND PAYROLL RECORDS

RUN DATE:	01/23/2012	MCAI PAYROLL SYSTEM	Page 1 of 4			
RUN TIME:	2:06 pm	SALARY TRANSFER DISTRIBUTION	PRSA			
		BOARD OF EDUCATION				
Before Image						
NAME	NUMBER	CHECK/STATEMENT				
MARY ELIZABETH C	2546	9009071				
JOB_NO	Fd-C-Func-Obj-CCtr-SFnd-Y-Prog-Spec	GROSS				
50	12-5-9130-199-0030-4110-0-4800-0000	1,000.00				
		1,000.00				
JOB	DED_NO	DESCRIPTION	Fd-C-Func-Obj-CCtr-SFnd-Y-Prog-Spec	EMP AMOUNT	BRD AMOUNT	WAGE AMOUNT
50	2	S SECURITY	12-5-9130-199-0030-4110-0-4800-0000	42.00	62.00	1,000.00
50	3	FED. TAX	12-5-9130-199-0030-4110-0-4800-0000	88.33	0.00	1,000.00
50	4	STATE TAX	12-5-9130-199-0030-4110-0-4800-0000	31.83	0.00	1,000.00
50	5	TARR CITY	12-5-9130-199-0030-4110-0-4800-0000	5.00	0.00	1,000.00
50	7	MEDICARE	12-5-9130-199-0030-4110-0-4800-0000	14.50	14.50	1,000.00
50	8	UNEMPLOYME	12-5-9130-199-0030-4110-0-4800-0000	0.00	7.80	0.00
50	120	COMPASS BK	12-5-9130-199-0030-4110-0-4800-0000	818.34	0.00	0.00

RUN DATE:	01/23/2012	MCAI PAYROLL SYSTEM	Page 1 of 4		
RUN TIME:	02:06PM	JOURNAL ENTRY REPORTING FROM POSTING	PRPPGL		
		TARRANT CITY BOARD OF EDUCATION			
		SALARY TRANSFER			
TRANSACTION ID #	9451				
<u>Fd-C-Func-Obj-CCtr-SFnd-Y-Prog-Spec</u>	<u>SRC</u>	<u>DATE</u>	<u>DEBIT</u>	<u>CREDIT</u>	
	<u>CD</u> <u>FY</u>	<u>POSTED</u>	<u>FP</u> <u>GENERAL REF.</u>	<u>AMOUNT</u>	<u>AMOUNT</u> <u>COMMENT</u>
12-5-9130-199-0030-4110-0-4800-0000	PST 2012	01/23/2012	4 GROSS PAY	0.00	1,000.00 FUND TRANSFERS 1/23/2012 1:52:11 PM
12-5-9130-230-0030-4110-0-4800-0000	PST 2012	01/23/2012	4 MATCHING SS	0.00	62.00 FUND TRANSFERS 1/23/2012 1:52:11 PM
12-5-9130-240-0030-4110-0-4800-0000	PST 2012	01/23/2012	4 MATCHING MC	0.00	14.50 FUND TRANSFERS 1/23/2012 1:52:11 PM
12-5-9130-250-0030-4110-0-4800-0000	PST 2012	01/23/2012	4 MATCHING SUI	0.00	7.80 FUND TRANSFERS 1/23/2012 1:52:11 PM
			FUND TOTALS	0.00	1,084.30

SALARY TRANSFER MENU – CHECK DISTRIBUTION TRANSFER: CORRECTS GL POSTING AND PAYROLL RECORDS

RUN DATE: 01/23/2012
 RUN TIME: 2:06 pm

MCAI PAYROLL SYSTEM
 SALARY TRANSFER DISTRIBUTION
 CITY BOARD OF EDUCATION

Page 1 of 1
 PRSALT

After Image

NAME	NUMBER	CHECK/STATEMENT
MARY ELIZABETH	2546	9009071

JOB_NO	Fd-C-Func-Obj-CCtr-SFnd-Y-Prog-Spec	GROSS
50	11-5-9130-011-8100-1810-0-4600-0000	1,000.00
		1,000.00

JOB	DED_NO	DESCRIPTION	Fd-C-Func-Obj-CCtr-SFnd-Y-Prog-Spec	EMP AMOUNT	BRD AMOUNT	WAGE AMOUNT
50	2	S SECURITY	11-5-9130-011-8100-1810-0-4600-0000	42.00	62.00	1,000.00
50	3	FED. TAX	11-5-9130-011-8100-1810-0-4600-0000	88.33	0.00	1,000.00
50	4	STATE TAX	11-5-9130-011-8100-1810-0-4600-0000	31.83	0.00	1,000.00
50	5	TARR CITY	11-5-9130-011-8100-1810-0-4600-0000	5.00	0.00	1,000.00
50	7	MEDICARE	11-5-9130-011-8100-1810-0-4600-0000	14.50	14.50	1,000.00
50	8	UNEMPLOYME	11-5-9130-011-8100-1810-0-4600-0000	0.00	7.80	0.00
50	120	COMPASS BK	11-5-9130-011-8100-1810-0-4600-0000	818.34	0.00	0.00

RUN DATE: 01/23/2012
 RUN TIME: 02:06PM

MCAI PAYROLL SYSTEM
 JOURNAL ENTRY REPORTING FROM POSTING
 CITY BOARD OF EDUCATION
 SALARY TRANSFER

Page 2 of 2
 PRPP

TRANSACTION ID # 9451

<u>Fd-C-Func-Obj-CCtr-SFnd-Y-Prog-Spec</u>	SRC	DATE	DEBIT	CREDIT	COMMENT
	<u>CD</u>	<u>FY</u>	<u>POSTED</u>	<u>FP</u>	<u>GENERAL REF.</u>
11-5-9130-011-8100-1810-0-4600-0000	PST	2012	01/23/2012	4	GROSS PAY
					1,000.00
11-5-9130-230-8100-1810-0-4600-0000	PST	2012	01/23/2012	4	MATCHING SS
					62.00
11-5-9130-240-8100-1810-0-4600-0000	PST	2012	01/23/2012	4	MATCHING MC
					14.50
11-5-9130-250-8100-1810-0-4600-0000	PST	2012	01/23/2012	4	MATCHING SUI
					7.80
FUND TOTALS					1,084.30
					0.00

SALARY TRANSFER / CHECK DISTRIBUTION TRANSFER:

CORRECTS GL POSTING AND PAYROLL RECORDS – DELETE INCORRECT G/L NUMBER IF FYTD IS 0.00, IF NOT, ZERO OUT Curr. % & FTE

File Edit MCAI Functions Toolbar Windows Help

Enter Add Pers Change Mail Save Inquire Next Back Clear Search PrtScr Exit

PR/EMNT Name: MARY ELIZABETH HQ: Approved Cert: Certified (v3.35)

Employee # Name (Last, First M) SSN Person Id Current Form Document

2546 MARY ELIZABETH 670 Job G/L Dist

Job Number 50 Employee Type: TU TUTOR Job Status: Substitute

Fiscal Year 2012 Show/Hide G/L Distribution

Account Number	Year	Curr. %	Curr. Amt	Budget Tot	FYTD Tot	FTE
12-5-9130-199-0030-4110-0-4800-0000	2012	0%	0.00	0.00	0.00	.00
11-5-9130-011-8100-1810-0-4600-0000	2012	100%	0.00	0.00	1,800.00	.25

Total Budget: \$0.00 Total FYTD Amt: \$1,800.00

Next Previous

Maintenance of Effort Verification

- Review Special Education Program Codes –
 - Program Code Matches Grade Level Range
**2200 Kindergarten; 2300 Grades 1-6; 2400 Grades 7-12;
2900 Other; & 4712 Preschool**
 - Certified, Non-Certified, & Substitutes
- Review Career/Technical Education Codes –
 - State Funding Sources 1000-2999
 - Program Codes 3000-3999 & 1660-1679
**Can Meet by Total Expenditures or Per Capita Expenditures
Being \geq 1995 Expenditures**

Salary & Benefit by GL Report is also very helpful in reviewing Special Education & Career Tech MOE coding requirements prior to posting your payroll by selecting these Function & Program Code sorting values. Verify your coding is correct for the current year's budget.

PR/SBGL: Salary & Benefits by GL Report (v3.12)

Payroll Run ID: SEPT 2011 TEST

Restrict Report By:

- Payroll Run Id
- Check Date

Sort Report By:

- Employee Name
- Employee#

Report Columns:

- Column 1 Desc 1: S SECURITY
- Column 2 Desc 2: MEDICARE
- Column 3 Desc 3: UNEMPLOYME
- Column 4 Desc 4: RETIREMENT
- Column 5 Desc 5: MATCH INS.
- Column 6 Desc 6: Column 6

Deductions To Use For Column:

- Employee Employer

Ded #	Description
<input type="checkbox"/> 2	SOCIAL SECURITY
<input type="checkbox"/> 7	MEDICARE WITHH
<input type="checkbox"/> 8	UNEMPLOYMENT
<input type="checkbox"/> 10	RETIREMENT WI
<input type="checkbox"/> 11	Retirement Withhold
<input type="checkbox"/> 31	PFHIP MATCHIN

Employee Number:

Select By GL Component:

Print Employee Detail
 Print GL Account Detail

Report Destination:

- To Printer Lynn Office (from TBOEACC)
- To Report Viewer
- To File

Enter Selection Criteria

Accept Selection Criteria

Component Name: Program | Sort Order: 1 | Beginning Value: 2900 | Ending Value: 2999 | Add Item

Component Contains: Func

Sort Order Must Be Major to Minor (0 Sort Order = Selection Criteria only - Do Not Sort or Total)

Component Name	Sort Order	From Value	To Value
Function	0	9140	9140
Function	0	1000	6999
Program	1	4712	4712
Program	1	2200	2399
Program	1	2400	2499
Program	1	2900	2999

QUESTIONS?????





Disclaimer

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