



PAYROLL SNAPSHOT

ELMORE COUNTY PUBLIC
SCHOOLS

WHEN DO I RECEIVE MY FIRST OR LAST PAY CHECK?



Nine month employees: work 9 months paid over 12 months

– September 30th – August 30th

Ten & Eleven month employees: Work 10/11 months paid over 12 months

– August 30th – July 30th

Twelve month employees works 12 months paid over 12 months

– July 30th-June 30th

WHAT DAY OF THE WEEK WILL I GET PAID?

- **PAID THE 30TH OF EACH MONTH UNLESS THE 30TH FALLS ON A WEEKEND THEN PAID THE FRIDAY BEFORE THE 30TH!!**

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HOW IS MY SALARY CALCULATED?

An employee's salary is divided evenly over 12 months -September thru August for 9 month employees; August through July for 10 and 11 month employees; and July thru June for 12 month employees. The pay periods are for reporting absences. Adjustments to pay because of absence will be made in the payroll period in which it falls. So, pay shouldn't be considered a month behind, it's the absences that are reported a month behind. For late hires, pay is calculated on the number of working days and is divided equally over the remaining pay periods.

(D.R.P x days worked = salary ÷ 12 will give monthly pay amount)

9 month employees work - 187 days

Bus Drivers work- 182 days

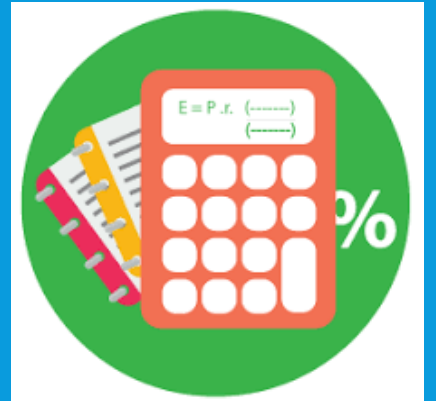
10 month employee- work-207 days

11 month employee works-227 days

12 month employee works-245 days

Extended day worker works-260

Don't forget those deductions..... Taxes, Retirement, Insurance, or any other dues you may have coming out of your check each month!!!!



DIRECT DEPOSIT

DIRECT DEPOSIT - All employees are required to have direct deposit for receiving their monthly earnings.

Below are some of the highlights of utilizing this feature:

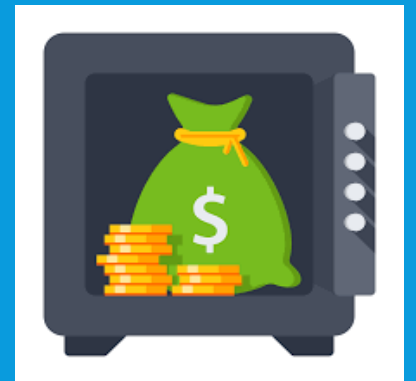
Improved security

No waiting in lines at the bank

Money available on payday

Please Notify the Payroll Department immediately if you change banks and/or your account is closed. Also, it is important that the payroll department be notified if your account number changes.

This will ensure there is no
Delay in payment



HOW DO I SIGN UP FOR DIRECT DEPOSIT?

- YOU CAN FIND A DIRECT DEPOSIT FORM ON THE ELMORE COUNTY WEBSITE. JUST PRINT THAT OFF COMPLETE AND ATTACHED A VOIDED CHECK TO IT OR YOU CAN HAVE YOUR BANKING INSTITUTION GIVE YOU A PRINTOUT OF YOUR CHECKING INFORMATION.

▪ **SPECIAL NOTE*******

- *YOUR FIRST CHECK WHEN YOU ENROLL FOR DIRECT DEPOSIT WILL BE A TEST RUN TO ENSURE THAT THE CHECK WILL NOT BE KICKED BACK. (YOU WILL PICK YOUR FIRST CHECK UP AT CENTRAL OFFICE). IF YOUR DIRECT DEPOSIT IS KICKED BACK FOR SOME REASON THEN THE PROCESS STARTS OVER.*

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ESS-EMPLOYEE SELF SERVE

- THIS SITE ALLOWS YOU TO VIEW YOUR PAYROLL CHECK AND DAYS THAT YOU HAVE EARNED OR TAKEN. IT ALSO ALLOWS YOU TO MAKE CHANGES TO YOUR TAXES, ADDRESS AND DIRECT DEPOSIT.
- YOU MAY REQUEST INSTRUCTIONS FROM OUR OFFICE TO HELP YOU GET STARTED!!!



WHAT ABOUT SICK DAYS?

Employee sick day accrual

9 month employee - September- May

10 month employee - September –June

11 month employee -September-July

12 month- employee -July – June

(earn 9 sick days a year)

(earn 10 sick days a year)

(earn 11 sick days a year)

(earn 12 sick days a year)



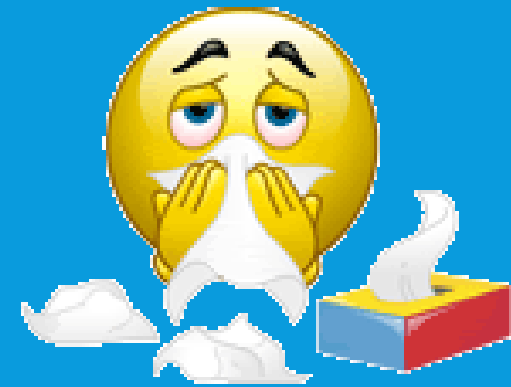
WHAT IS THE SICK BANK?

Sick Leave Bank guidelines

Employee membership in the sick leave bank is voluntary. Employee may join the day they are hired or open enrollment August 1 – September 15 as well as January 1-15. The revised law contains a provision that allows a new employee of a local board of education to join the sick leave bank at the beginning of employment. If the new employee does not have the required number of sick leave days to join the sick leave bank, the appropriate number of sick leave days will be credited (advanced) to the new employee as the deposit to join the sick leave bank. (The credit balance will be reduced by one day each month the sick leave days are earned by the employee. After the credit balance is reduced to zero, sick leave days earned by the employee will be used to repay any outstanding loan to the sick leave bank). A participating member of a sick leave bank whose sick leave has been exhausted may borrow days from the sick leave bank. An employee cannot owe more than 10 days to the sick leave bank, unless over 50 percent of the members of the sick leave bank vote to extend the limit. Days are to be repaid to the sick leave bank by the borrowing member monthly, as the sick leave day is earned each month by the employee.

Repayment of Loaned Days

Members of the SLB who borrow from the SLB shall be required to repay the SLB as he or she accrues new days monthly. An individual cannot leave employment without repaying any outstanding debt of leave days to the SLB. If the member has no sick leave days remaining, then his/her final check shall be garnished at the prevailing rate of pay for the number of days owed to the SLB.



NEED A PERSONAL DAY?

▪ YOU RECEIVE TWO PERSONAL DAYS A YEAR!!!

- Additional Personal Leave – All regular full time employees are eligible for additional non-cumulative personal leave days each scholastic year for which the employee will be charged an amount equal to the average daily rate of pay for a substitute teacher as follows (this means instead of losing a day's pay you only pay the sub rate)
- Years of Consecutive Service for the Board number of Additional Days
 - 5-9 years (1 extra day earned)
 - 10-14 years (2 extra days earned)
 - 15 years (3 extra days earned)
- Additional personal leave may not be taken during the first or last two (2) weeks of school or immediately before or after a holiday without prior approval of the immediate supervisor. Employees with unused additional personal leave may choose to convert the unused days to sick leave days at the end of the school year.

(**2 DAYS A YEAR**)



LEAVE OF ABSENCE

- You will need the following forms to be completed

1.SICK BANK COMMITTEE REQUEST FORM

(IF MEMBER OF SICKBANK AND WANT DONATED DAYS)

2.REQUEST A LEAVE OF ABSENSE FORM IF YOU WILL BE OUT MORE THAN TWO WEEKS

3.F.M.L.A FORM

(IF YOU HAVE BEEN EMPLOYED A YEAR AND HAVE NO SICK DAYS)



WHAT ABOUT HEALTHCARE?

PEEHIP-BLUE CROSS BLUE SHIELD
HMO'S- VIVA
PEEHIP OPTIONAL COVERAGE –BLUE CROSS BLUE SHIELD

- New employees who wish to enroll in PEEHIP family coverage (Hospital Medical and/or Optional Coverage) must do so
- Within 30 days from their date of hire, effective either their date of hire or the first of the month following their date of hire.
- Open Enrollment is your once-a-year opportunity to enroll in or change plans, and add or drop eligible dependents from
- The Open Enrollment web page www.rsa-al.gov/index.php/members/peehip/open-enrollment/ is available
- July 1 every year and provides information about open enrollment deadlines, the PEEHIP Member Handbook, and other important information.
- Open Enrollment begins July 1 and ends by the following deadlines:
 - ◆ The deadline for submitting online Open Enrollment changes is midnight of September 10. After September 10, online Open Enrollment changes will not be accepted and the Open Enrollment link will be closed.
 - ◆ The deadline for submitting paper Open Enrollment forms is August 31 or the last business day of the month. Any paper forms or faxes postmarked after August 31 will not be accepted.
 - ◆ The deadline for enrollment or re-enrolling in a Flexible Spending Account online or on paper is
- September 30.
- Open Enrollment changes cannot be submitted after these deadlines.



BREAKDOWN OF COVERAGE

COVERAGE	TOTAL COST	BOARD ALLOCATION	MEMBER PORTION
SINGLE	\$830.00	\$800.00	\$30.00
FAMILY W/O SPOUSE	\$1,007.00	\$800.00	\$207.00
INDIVIDUAL/SPOUSE ONLY	\$ 1,082.00	\$800.00	\$282.00
FAMILY W/SPOUSE	\$1,107.00	\$800.00	\$307.00

***TOBACCO USER ADD \$50.00 PER EMPLOYEE AND SPOUSE!**

Optional Coverages:

Cancer	\$38.00/month	Individual or Family Coverage
Indemnity	\$38.00/month	Individual or Family Coverage
Dental	\$38.00/month	Individual Coverage
	\$50.00/month	Family Coverage
Vision	\$38.00/month	Individual or Family Coverage

V.S .P – THIS IS ANOTHER PROVIDER THAT OFFERS VISION CARE.

EMPLOYEE ONLY COVERAGE(C)	- \$8.84
EMPLOYEE + SPOUSE (B)	- \$17.70
EMPLOYEE + CHILD (ren) (D)	- \$18.92
EMPLOYEE + FAMILY (A)	- \$30.24

334-517-7000



OTHER OPEN ENROLLMENT INFORMATION

- Other Open Enrollment information:
 - ◆ Members do not need to re-enroll in coverage if they want to continue their current coverage. Their current coverage will remain in effect and premium deductions will continue if they do not add/change/cancel coverage during Open Enrollment.
 - ◆ Flexible Spending Accounts require a new enrollment each year. The preferred method to enroll is online through MOS at <https://mso.rsa-al.gov>.
 - ◆ The Premium Assistance discount program requires a new application each year. The member must submit a paper application to PEEHIP to apply for this discount.
 - ◆ Members enrolling in new insurance plans should receive their new ID cards from the insurance carrier(s) no later than the last week in September.
 - ◆ Payroll deductions for the changes made during Open Enrollment will be reflected in the September paycheck. All members covered by PEEHIP insurance should review their paycheck stub each month to ensure the proper amount has been deducted for their PEEHIP premiums.
 - ◆ Members enrolling in the Flexible Spending Account(s) will have their first contribution withheld from their October paycheck.
- Transfers
 - Employees who transfer from one system to another system are considered current employees and are not considered new employees for insurance enrollment purposes. Transfers must keep existing PEEHIP coverage and cannot make insurance changes until the Open Enrollment period for an October 1 effective date.

334-517-7000



PEEHIP WELLNESS PROGRAM

PEEHIP Wellness Program

Who is Required to Participate?

- If enrolled in PEEHIP BCBS hospital/medical plan and:
 - Active members and their covered spouses
 - Non-Medicare-eligible retirees
 - Covered non-Medicare-eligible spouses of retirees

For those who do NOT participate, a \$50.00 monthly wellness premium will be applied to members and their spouses for a possible total \$100.00 per month!!!!

ADDITIONAL OPTIONAL COVERAGE INSURANCE

- EACH OCTOBER AN INSURANCE REPRESENTATIVE WILL BE AT YOUR LOCATION TO OFFER SERVICES THAT THEIR COMPANY PROVIDES.
- EXAMPLES: AMERICAN FIDELITY
- AFLAC



CONTACT INFORMATION

JASON MANN-CSFO
DANA JAMES –PAYROLL COORDINATOR

334-567-1200

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Building Location
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Monday-Friday