

SECTION 1

PAYROLL SERVICES

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**McALLEN INDEPENDENT SCHOOL DISTRICT
2009-2010 MONTHLY PAYDATES**

Starting Date	Cutoff Date	Due Date	Pay Date	Weekday	Number of Days
06-27-09	07-31-09	08-10-09	08-25-09	Tuesday	33
		08-21-09	09-01-09	Tuesday	New monthly employee salary advances
08-01-09	08-28-09	09-10-09	09-25-09	Friday	31
08-29-09	09-25-09	10-09-09	10-23-09	Friday	28
09-26-09	10-30-09	11-06-09	11-23-09	Monday	31
10-31-09	11-27-09	12-01-09	12-17-09	Thursday	24
11-28-09	12-25-09	01-08-10	01-22-10	Friday	36 Includes new second semester monthly employee salary advances
12-26-09	01-29-10	02-10-10	02-25-10	Thursday	34
01-30-10	02-26-10	03-02-10	03-25-10	Thursday	28
02-27-10	03-26-10	04-09-10	04-23-10	Friday	29
03-27-10	04-30-10	05-10-10	05-25-10	Tuesday	32
05-01-10	05-28-10	06-10-10	06-23-10	Wednesday	29
05-29-10	06-25-10	07-08-10	07-26-10	Monday	33
06-26-10	07-30-10	08-10-10	08-25-10	Wednesday	30
07-31-10	08-27-10	09-10-10	09-27-10	Monday	33

** Please note -- All 2010-2011 McAllen ISD paydays will be scheduled on the 25th of each month (or the following Monday if the 25th is a Saturday or Sunday) except during the months of November, 2010, December, 2010 and June, 2011. This advance notice is being provided so McAllen ISD employee's will have adequate time to make any personal budget adjustments that might be required.

**McALLEN INDEPENDENT SCHOOL DISTRICT
2009-2010 BIWEEKLY PAYDATES**

Starting Date	Cutoff Date	Due Date	Pay Date	Weekday
08-08-09	08-21-09	08-26-09	09-04-09	Friday
08-22-09	09-04-09	09-09-09	09-18-09	Friday
09-05-09	09-18-09	09-23-09	10-02-09	Friday
09-19-09	10-02-09	10-07-09	10-16-09	Friday
10-03-09	10-16-09	10-21-09	10-30-09	Friday
10-17-09	10-30-09	11-04-09	11-13-09	Friday
10-31-09	11-13-09	11-17-09	11-27-09	Friday (Mail)
11-14-09	11-27-09	12-02-09	12-11-09	Friday
11-28-09	12-11-09	12-14-09	12-22-09	Tuesday (Projected)
12-12-09	12-25-09	01-04-10	01-08-10	Friday
12-26-09	01-08-10	01-13-10	01-22-10	Friday
01-09-10	01-22-10	01-27-10	02-05-10	Friday
01-23-10	02-05-10	02-10-10	02-19-10	Friday
02-06-10	02-19-10	02-24-10	03-05-10	Friday
02-20-10	03-05-10	03-08-10	03-19-10	Friday (Projected)
03-06-10	03-19-10	03-23-10	04-01-10	Thursday
03-20-10	04-02-10	04-07-10	04-16-10	Friday
04-03-10	04-16-10	04-21-10	04-30-10	Friday
04-17-10	04-30-10	05-05-10	05-14-10	Friday
05-01-10	05-14-10	05-19-10	05-28-10	Friday
05-15-10	05-28-10	06-02-10	06-11-10	Friday
05-29-10	06-11-10	06-16-10	06-25-10	Friday
06-12-10	06-25-10	06-21-10	07-09-10	Friday (Projected)
06-26-10	07-09-10	07-14-10	07-23-10	Friday
07-10-10	07-23-10	07-28-10	08-06-10	Friday
07-24-10	08-06-10	08-11-10	08-20-10	Friday
08-07-10	08-20-10	08-25-10	09-03-10	Friday

NEW MONTHLY EMPLOYEE SALARY ADVANCES

New professional employees scheduled to receive their first pay on September 25, 2009 will be given the option to receive a \$1,200 advance September 1, 2009. If this option is selected, \$100 will be deducted from each of the 12 remaining pay periods for the year. New para-professional employees scheduled to receive their first pay on September 25, 2009 will be given the option to receive a \$600 advance on September 1, 2009. If this option is selected, \$50.00 will be deducted from each of the 12 remaining pay periods for the year.

END OF YEAR RESIGNEES

Personnel who resign at the end of the school year may submit a written request to the Payroll Office by June 7, 2010 to have their summer pay advanced to them on June 23, 2010.

SUMMER PAY

Address changes should be made in the Human Resources Department.

FEDERAL PAYMENT TIMELINES

Pay periods and pay dates should be adhered to unless a federal fund/grant requires payment method by different timelines.

PROFESSIONAL EXTRA DUTY

Submit Payroll Request Form, with account number, signed by person with purchase order approval path authorization. Attach time sheets for services rendered signed by each employee and supervisor. Attach documentation approved by Human Resources indicating pay rate to be paid for services.

PARA-PROFESSIONAL EXTRA DUTY

Submit Payroll Request Form, with account number, signed by person with purchase order approval path authorization. If extra duty is to be paid from regular salary account, employee should record time worked by clocking in and out at the nearest available time clock. Otherwise, original time sheets for extra duty services. Attach documentation from Human Resources indicating pay rate to be paid for services. Same or similar jobs will be paid at regular hourly rate up to 40 hours. Time and one-half of regular hourly rate will be paid beyond 40 hours in a work week. Wholly separate jobs will be paid a weighted average of the regular job hourly rate and extra duty hourly rate established by Personnel Services. Time and one-half of weighted average rate will be applied beyond 40 hours in a work week. Work weeks begin on Saturday and end on Friday.

EXTRA DUTY PAY

Professional (6117) & Para-professional (6125) Part-Time/Temporary

- Submit employment recommendation to Human Resources via Liquid Office
- Paid minimum daily or hourly rate on pay scale as approved by Human Resources
- Submit biweekly time sheet to Anita Solis-Garza (618-6043)
- Attach completed Supplemental Payroll Request Form

Professional (6118) Extra Duty

- Submit employment recommendation to Human Resources via Liquid Office
- Paid rate approved by Human Resources
- Submit signed monthly time sheet to Theresa Caceres (618-6044)
- Attach completed Supplemental Payroll Request Form

Para-Professional (6121) Extra Duty/Overtime to be paid from Separate Account Number

- Submit employment recommendation to Human Resources via Liquid Office
- Submit copy of time clock Payroll/Detail Report to Theresa Caceres (618-6044)
- Attach original signed monthly time sheet indicating extra duty/overtime hours
- Attach Supplemental Payroll Request Form indicating name, social security number, account number and signatures. Final amount to be paid will be calculated by payroll based on same/similar job or wholly separate job

Same or Similar Job

- Hourly rate up to 40 physical hours on job(s) beginning Saturday and ending Friday
- Time and one-half of hourly rate for over 40 hours

Wholly Separate Job (Weighted Average)

- $$\begin{array}{r} 37.5 \times 10.00 = \$375.00 \\ \underline{10.0 \times 6.25 = 62.50} \\ 47.5 \qquad \qquad \qquad \$437.50 \\ \div 47.5 \\ \$ 9.21 \\ \div 2 \\ \$ 4.61 \\ \times 7.5 \\ \underline{\$ 34.58} \\ \underline{62.50} \\ \$ 97.08 \end{array}$$

**McALLEN INDEPENDENT SCHOOL DISTRICT
BIWEEKLY TIME SHEET**

PAY PERIOD BEGINNING _____ ENDING _____

Name _____
 (Last) (First) (Middle)

Social Security Number _____

Location _____

DAY	IN A.M.	OUT A.M.		IN P.M.	OUT P.M.	TOTAL REG	TOTAL OT	EXPLANATION
Saturday								
Sunday								
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								

Total Hours _____

DAY	IN A.M.	OUT A.M.		IN P.M.	OUT P.M.	TOTAL REG	TOTAL OT	EXPLANATION
Saturday								
Sunday								
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								

Total Hours _____

Employee's Signature _____ Date: _____

Supervisor's Signature _____ Date: _____

PAYROLL ACCOUNT CODES

6112	Instructional Substitutes
6117	Professional Part-Time/Temporary
6118	Professional Extra Duty
6119	Professional Salaries
6121	Para-Professionals & Support Personnel Extra Duty/Overtime
6125	Para-Professional Part Time/Temporary
6129	Para-Professionals & Support Personnel Salaries
6141	FICA/Medicare
6142	Group Health, Dental & Life Insurance
6143	Workers Compensation
6145	Unemployment
6146	Teacher Retirement
6149	Retiree Sick Leave

PAYROLL CHECK CODES

An explanation of the payroll check stub can be found by comparing the letters below with those indicated on the attached check copy.

- A. Calendar Year To Date Totals.
 - 1. FICA Gross affects only those employees who are not Teacher Retirement System members.
 - 2. Medicare Gross affects only those employees hired after 03-31-86.
 - 3. Cafe-125 Amount is the amount of income reduction to derive taxable wages.
- B. Withholding Status and Number of Exemptions.
 - 1. Withholding Status - One of two options will appear:
 - a. Married
 - b. Single
 - 2. Exemptions - number of exemptions claimed.
- C. Earnings and Deductions Listed.
 - 1. Other taxable is supplemental pay.
- D. Other Deductions Listed by Name.
 - 1. TRS Deposit is 6.4% of gross salary.
 - 2. TRS Insurance is .65% of gross salary and is for retirement medical insurance.
- E. Participation in Cafeteria Plan is shown by Y.

Should you have any questions, please contact the Payroll Office, 618-6044.



CHECK NO: 11300380
 PAY DATE: 02/25/98
 PERIOD ENDING: 02/28/98

(D)

SOCIAL SECURITY NO:
 WITHHOLDING STATUS: SINGLE (B)
 EXEMPTIONS: 1
 CALENDAR YEAR-TO-DATE
 NON CAFE-125 (A)
 TAXABLE WAGES 0.00
 FICA GROSS 0.00
 MEDICARE GROSS
 CAFE-125 AMOUNT
 THIS PERIOD
 UNITS WORKED 0.0
 RATE
 OVERTIME UNITS 0.0
 OVERTIME RATE 0.00

EARNINGS & DEDUCTIONS (C)	THIS PERIOD	YEAR TO DATE
STANDARD GROSS		
OTHER TAXABLE		
TOTAL EARNINGS		
WITHHOLDING TAX		
MEDICARE TAX		

OTHER DEDUCTIONS	CAFE 125	AMOUNT
TRS DEPOSIT		
TRS INSURANCE		
CR UNION		
TSTA		
ASO-HEAL	Y	(E)
GARCO		
GARCOANU		
TRANTERM		
UF		

PROCEDURE FOR PROFESSIONAL DUES THROUGH PAYROLL DEDUCTION

The payroll office will make payroll deductions for professional dues for District employees. Listed below are the procedures to be followed:

1. For monthly paid employees wishing to join a professional organization other than TCTA or TEPSA, all forms must be in the payroll office no later than October 1 of each year with the employee's signature and social security number legibly written. The payroll office will take ten (10) equal deductions beginning October through and including July of each year. For those organizations choosing to rollover membership from year to year, only new member applications and drop slips are required.
2. For monthly paid employees wishing to join TCTA or TEPSA, all forms must be in the payroll office no later than September 5 of each year with the employee's signature and social security number legibly written. For TCTA, the payroll office will take five (5) equal deductions beginning September through and including January of each year. For TEPSA, the payroll office will take ten (10) equal deductions beginning September through and including June of each year. For those organizations choosing to rollover membership from year to year, only new member applications and drop slips are required.
3. For biweekly paid employees, all forms must be in the payroll office no later than October 1 of each year with the employee's signature and social security number legibly written. The payroll office will take eight (8) equal deductions beginning with the first October paycheck and ending with the first May paycheck of each year.
4. When submitting applications for deduction to the payroll office, separate the monthly applications from biweekly applications.

Any variations from these procedures must be cleared with the Business Office no later than September 5th of each year.

SOUTH TEXAS FEDERAL CREDIT UNION

GENERAL PROVISIONS

Employees of McAllen Independent School District may utilize payroll deduction for savings and loan payments to South Texas Federal Credit Union. Direct Deposit, Share Draft Checking Accounts and several other services are available through STFCU.

The total of Regular Share Accounts, Share Draft Accounts, and Share Certificate Accounts are collectively insured up to \$100,000 by the Administrator of the National Credit Union Administration for each member account.

Deductions for the South Texas Federal Credit Union will be made upon receipt of the proper forms from the Credit Union by the 10th of any month. To change or stop an automatic deduction to the Credit Union, the District employee must go to the Credit Union and complete the proper forms. These forms then will be forwarded to the McAllen ISD Payroll Office.

McAllen ISD employees seeking more information about utilization of Credit Union services may contact South Texas Federal Credit Union in any of the following ways:

by calling the STFCU office at 686-9515, or

by visiting the STFCU office at 2121 Dove in McAllen, or

by mail to the STFCU office at P.O. Box 3309, McAllen, Texas 78502-3309

PROCEDURE FOR SUMMER PRE-PAID INSURANCE

Biweekly employees who do not receive pay during the summer months which is large enough to cover their insurance premiums will be deducted for voluntary insurance premiums on March 5, 2010, April 30, 2010 and May 28, 2010 for July, August and September coverage.

Employees will receive notice of the amount to be deducted by February 19, 2010.

McALLEN INDEPENDENT SCHOOL DISTRICT

EMPLOYEE PROCEDURE FOR 403(B) AND 403(B)(7) ACCOUNTS

The following procedure is in place for those employees wishing to begin payroll deduction for a 403(B) and/or 403 (B)(7) account:

1. The Office of Employee Benefits can provide a list of approved vendors who have met the requirements of the Teacher Retirement System of Texas and McAllen Independent School District. Only those vendors on the approved vendor list can solicit new accounts with McAllen Independent School District employees.
2. Each employee/company will be required to provide McAllen ISD with a McAllen ISD/Texas Benefit Services approved Salary Reduction Agreement and Disclosure Statement completed and signed by the employee and the company by the end of the month preceding the month in which salary reduction is to begin. The completed forms should be mailed to Texas Benefit Services, 15600 San Pedro Ave, Suite 105, San Antonio, TX 78232, telephone (210) 490-1020 or 1-800-594-4100.
3. The third party administrator will review the forms received by the first day of each month and submit the participant list and their corresponding salary deduction amounts to McAllen ISD by the tenth of each month. The payroll deduction amount will remain in effect until a new salary reduction agreement and disclosure statement is received and approved by the third party administrator.
4. Changes in amounts for payroll deduction will be allowed monthly. For McAllen ISD purposes, a change occurs when a contribution amount is increased, decreased or ceases altogether. Employees can increase, decrease or cease payroll deduction by providing McAllen ISD with a district/third party administrator approved salary reduction agreement and disclosure statement signed by the employee by the end of the month preceding the month in which the change is to be effective. The completed forms should be mailed to Texas Benefit Services, 15600 San Pedro Ave, Suite 105, San Antonio, TX 78232, telephone (210) 490-1020 or 1-800-594-4100.
5. The third party administrator will review the forms received by the first day of each month and submit the payroll deduction changes to McAllen ISD by the tenth of each month. The payroll deduction amount will remain in effect until a new salary reduction agreement and disclosure statement is received and approved by the third party administrator.

SALARY REDUCTION AGREEMENT

TO: MCALLEN INDEPENDENT SCHOOL DISTRICT

I request that my salary be reduced so that part of the compensation which otherwise would be paid to me directly will instead be used in payment of annuity or custodial account premiums under the terms and provisions of Section 403(b) and 403(b)(7) of the U.S. Internal Revenue Code of 1986, as amended. I agree that you, the employer, shall assume no responsibility whatsoever for the compliance or noncompliance of the product I am buying with the Internal Revenue Code. I also agree that the agent that is selling the product(s) I have selected is acting as agent only and is not acting in a fiduciary role.

I understand that the obligation of you, the employer, to make such payments on my behalf shall be no greater than the obligation of making payments and shall be subject to all the terms and provisions of our contract in this regard. In all other respects, the terms and conditions of our agreement shall remain in full force and effect and the same as amended in hereby ratified, confirmed and approved. This agreement may be canceled at any time with respect to salary not yet earned. I agree that the amounts specified in this agreement may not exceed the limits of IRC Section 401 (a) (30) and 402 (q) (1). (See IRS publication 571)

I understand that contributions cannot be withdrawn except in the following circumstances: (1) age 59 ½, (2) separation from service, (3) death (4) total and permanent disability, (5) financial hardship (as defined by the IRS), (6) a qualified domestic relations order. Even under these circumstances, except age 59 ½, the IRS may levy a penalty for early withdrawal. I also understand that it is the responsibility of the Companies and/or funds who receive my contribution, and myself, to ensure that I comply with IRS regulations regarding required distributions at age 70 ½, and the repayment of loans.

I understand that this agreement is legally binding and irrevocable with respect to amounts earned while the agreement is in effect. This agreement applies only to amounts earned after it becomes effective.

Please check, which of the following methods was used to calculate the salary reduction:

- I. Regular Elective Deferral Limit
- II. Additional Limit for Age 50 Employee DOB _____
- III. Additional Limit for 15 Year Employee

Reduce my salary in the amount of \$ _____ per month beginning _____ 20____.
Effective _____ 20____ change to \$ _____ per month. Transmit the salary reduction amount to the following provider(s).

Insurance Company annuity contract or contracts/Custodial account to purchase shares issued by the following mutual fund or funds:

Amount	Company/Provider	Mail payments to:
\$ _____	_____	_____
\$ _____	_____	_____
		Phone _____

NEW: YES NO CHANGING POLICY # _____ FROM \$ _____ TO \$ _____

PLEASE TERMINATE MY SALARY REDUCTION AGREEMENT WITH _____ AND CEASE TRANSMITTING CONTRIBUTIONS EFFECTIVE _____ 20_____

Employee Printed Name _____

Employee Signature _____ SS# _____

Home Address _____ HM PHONE _____

Agent Signature: _____ Date _____

...APPROPRIATE DISCLOSURE STATEMENT MUST BE ATTACHED...

**DISCLOSURE STATEMENT
(For Mutual Funds)
ONLY**

Participant's Name _____

Employer _____ Hire Date _____ Birthdate _____

Contribution for tax year _____ Gross Salary _____

Is employee participating in any other 403b plan? _____

If yes, what is amount contributed to other plan? _____

1. Has employee received a brochure and/or prospectus? _____

2. What are the A.M. Best rating _____ and Standard & Poor rating _____ on the company?

3. List all fees, surrender charges or early withdrawal penalties (when, how much, etc.)

4. For mutual funds, list all charges, loads, and management fees.

5. When will it be possible to withdraw 100% of all accumulated funds at one time without any insurance company or mutual funds penalties?

6. State current interest rates _____ and guaranteed minimum interest rate _____ on fixed annuity

7. Are TEFRA loans permitted? _____

8. Does employee understand ramifications? _____

9. How often will employee receive statements? _____

10. Does employee understand restrictions on withdrawals prior to age 59 ½?

11. Does employee understand that any distributions made prior to age 59 ½ are subject to an IRS penalty of 10% and that the notification of distributions to IRS is the responsibility of the company and employee? _____

12. Does employee understand requirements for withdrawal at age 70 ½ ? _____

13. Upon employee's death, are company surrender charges waived for beneficiary? _____

Agent certifies that employee's contribution does not exceed IRS limits. (See IRS Publication 571) Agent has informed employee that maximum allowable contribution may have to be recomputed in future years. If two or more products are involved, use separate disclosure statement for each. The agent and employee hold the employer and Texas Benefit Services, L.L.P. harmless in the event the employee over contributes to this account.

Agent's Name

Employee's Name

Agent's Signature

Employee's Signature

Date _____

Social Security # _____

MCALLEN INDEPENDENT SCHOOL DISTRICT

SICK LEAVE / SUBSTITUTE PROCEDURE

1. Print Smart Find Express (SFE) Daily Job Report each morning.
2. Check times listed on the daily report (verify a.m. / p.m.) and verify job codes listed for all authorized school business absences.
3. Make any necessary edits in handwriting on the report.
4. Get substitutes' signatures on the report. Substitutes listed without a signature cannot be paid.
5. Prepare "After-The-Fact-Memos" for vacancies/ student teacher.
6. Enter handwritten edits to the SFE program in the computer.
7. After edits have been entered in the computer, print another SFE Daily Job Report. Verify that all handwritten edits have been entered in the computer.
8. Principal/ Department Head verifies and signs SFE Daily Job Report with substitutes' signatures.
9. Submit signed SFE Daily Report to Payroll via email/ fax on the next business day. Email Anita.Solis@McAllenISD.net or Fax (956) 618-6014. Keep original SFE Daily Job Report on file at the campus/department for audit. Originals must be maintained by the campus for four years.
10. Principals/ Department Heads are accountable for information on signed SFE Daily Job Report. Payment will be made to substitutes listed, from budget codes listed and sick leave will be deducted from employees' accrued sick leave as listed.
11. Reports should not be held at the campus/ department for signature. If a SFE Daily Job Report is submitted to Payroll without a signature, the Principal /Department Head or substitute must visit Payroll to sign the report.
12. Prepare and submit After the Fact memos by email/ fax for any changes not discovered until after the SFE Daily Job Report is signed.
13. Payroll must be at the Federal Reserve at least two business days prior to payday. Therefore, changes must be made and missing signatures must be resolved at least three business days before payday; otherwise, they cannot be processed until the next biweekly payday.

Recording and Reporting Absences

- All McAllen Independent School District employees with benefits must report absences to the automated sick leave/substitute calling system known as Smart Find Express (SFE) either by phone or via internet.
- When an employee reports an authorized school business absence (reason number 6) which requires a substitute, the employee must enter a 5-digit code to pay for the substitute. If the 5-digit code is unknown, the employee must enter "0" and the substitute will be paid from the principal's campus allocated funds.
- Request for substitutes for vacancies must be submitted to Human Resources.
- Workday beginning and ending times for each campus have been recorded in the SFE system. For positions which require a substitute absences equal to or less than 4 hours will constitute one-half day. Absences greater than 4 hours will constitute one day. Substitutes will be paid accordingly.
- Absences will be electronically posted to sick leave records nightly. Employees will receive an end-of-year sick leave report to verify their absences.
- Each occasion for an "After-The-Fact-Memo" for a para-professional employee should also require a corresponding Edit Form to correct the time clock system.
- The SFE system operator can be reached at 632-8490.
- Sick leave /substitute questions for campuses should be addressed to Anita Solis at 618-6043.
- Sick leave/ substitute questions for departments should be addressed to Margot Ochoa at 618-6041.

PROCEDURE FOR ABSENCE DEDUCTIONS

When accumulated sick leave has been exhausted, necessary absence deductions will be made from the last pay period or pay periods during the year sufficient to cover the deductions as follows for professional employees:

1. If an employee is on a September to August pay cycle, end of year full pay deductions will be deducted in equal amounts from the June, July and August payroll.
2. If an employee is on an August to July pay cycle, end of year full pay deductions will be deducted in equal amounts from the June and July payroll.
3. If an employee is on a July to June pay cycle, end of year full pay deductions will be deducted from the June payroll.
4. Exceptions to the above will be for absence deductions in excess of \$600.00 or when the amount of deductions exceeds accrued salary. Any of these exceptions will necessitate a recalculation of salary. When salary corrections or adjustments are necessary, a conference should be scheduled to discuss payment with the Payroll Office.
5. Any exceptions to the above must be approved by the Chief Financial Officer.

Para-professional and auxiliary employees will be deducted in the payroll generated after the pay period in which the accumulated sick leave is exhausted.

Absence deduction information will be included with the Annual Sick Leave Report, which will be mailed in June.

Should you have any questions, please contact the Payroll Office, at 618-6041.

McALLEN INDEPENDENT SCHOOL DISTRICT

REQUEST FOR 5-DIGIT CODE
FOR AUTHORIZED SCHOOL BUSINESS SUBSTITUTE ACCOUNT

___ - ___ - 6112 - ___ - XXX - ___ - ___ Account Number

Administrator/Principal

Date

Instructions: Fill in account number, sign, date and submit to Payroll.

Payroll will complete 5-digit code, sign, date and return to campus/department.

___ ___ ___ ___ ___ 5-Digit Code Assigned by Payroll

Director of Payroll

Date

AFTER THE FACT MEMO

Date: _____

To: Deborah A. Prukop
Director of Payroll

From: _____

Subject: Data Entry for SEMS/Employee Absence

Employee Name: _____ SSN: _____

Work Location: _____

Start Date: _____ End Date: _____

Start Time: _____ End Time: _____

Budget Code: _____

Absence Reason: _____

- | | |
|-------------------------------|------------------------------|
| 1 Personal Illness | 8 Mandatory Court Appearance |
| 2 Illness in Immediate Family | 9 Teacher Vacancy |
| 3 Death in Immediate Family | 10 Military Leave |
| 4 Family Emergency | 11 Vacation |
| 5 Personal Business Leave | 12 Recuperative Leave |
| 6 Authorized School Business | 13 Workers' Compensation |
| 7 Jury Duty | |

Substitute Assigned:

Name: _____ SSN: _____

Site Administrator's Approval or
Principal's Signature

Date

SICK LEAVE AT A GLANCE

. Four Types of Sick Leave:

- . Local New Sick Leave
- . Local Old Sick Leave
- . State Non-Discretionary (Old State) Sick Leave
- . State Discretionary (New State) Leave

. Local New Sick Leave

- . One-Half Day Earned for Each 18 Days Worked. (Maximum 5 Days Per Year and No Limit on Accumulation)
- . Used for Personal Illness, Family Illness, Death in Family and Family Emergency
- . With 10 Years of MISD Experience and Normal or Disability Retirement, Employee Can Be Paid for Up to 75 Unused Days upon Retirement at the Rate of \$100 Per Day for Professionals or \$35 Per Day for Paraprofessionals and Hourlies

. Local Old Sick Leave

- . No Longer Earned
- . Used for Personal Illness, Family Illness, Death in Family and Family Emergency
- . With 10 Years of MISD Experience and Normal or Disability Retirement, Employee Can Be Paid for Up to 10 Unused Days upon Retirement at the Rate of \$100 Per Day for Professionals or \$35 Per Day for Paraprofessionals and Hourlies

. State Non-Discretionary (Old State) Sick Leave

- . Sick Leave Earned Prior to 1995-96
- . Used for Personal Illness, Family Illness, Death In Family and Family Emergency
- . Can Be Transferred Among Districts in State of Texas

. State Discretionary (New State) Leave

- . Earned After May 30, 1995
- . One-Half Day Earned For Each 18 Days Worked. (Maximum 5 Days Per Year and No Limit on Accumulation)
- . Used for Personal Illness, Family Illness, Death in Family, Family Emergency and Personal Business
- . Maximum 5 Consecutive Personal Business Days Unless Prior Approval
- . Personal Business Shall Not Be Allowed On:
 - . End-of-Semester or End-of-Year Exam Days
 - . State Mandated Assessment Test Days
 - . Professional or Staff Development Days
- . Can Be Transferred Among Districts in State of Texas

. Extended Local Personal Illness Leave ("D" Days) and ("DD" Days)

- . Additional Days Granted to Employees When All Sick Leave Has Been Used
- . Number of Days Granted Is Number of Local Sick Leave Days Accumulated at the Beginning of the Current School Year Plus the Number of Local Sick Leave Days Earned During the Current School Year Prior to the Initiation of the Extended Leave
- . Example of "D" Days and "DD" Days:

	<u>Local Old</u>	<u>Local New</u>	<u>Old State</u>	<u>New State</u>	<u>Total</u>
Sick Leave Carried Into School	2	2	3	4	11
Sick Leave Earned During School Year	0	4	0	4	8
	-----	-----	-----	-----	-----
Sick Leave Accumulated (Full Pay)	2	6	3	8	19
* "D" Days (Reduced Pay)	2	6	0	0	8
** "DD" Days (Reduced Pay)	2	6	0	0	8

**** Total Days	6	18	3	8	35

* Employee Would Be Paid Full Daily Rate for 19 Days

** Employee Would Be Paid Reduced Pay for Additional 8 Days at Full Daily Rate Less the Following:

- . Professional - \$60 Per Day
- . Paraprofessional - One-Fourth of Daily Rate Per Day
- . Hourly - One-Fourth of Daily Rate Per Day

*** Employee Would Be Paid Reduced Pay for Additional 8 "DD" Days at Full Daily Rate Less the Following:

- . Professional - \$65 Per Day
- . Paraprofessional - One-Third of Daily Rate Per Day
- . Hourly - One-Third of Daily Rate Per Day

**** After 35 Days, Employee Receives No Further Pay Until Able to Return to Work

. Sick Leave Pool

- . Employees May Receive Donated Sick Leave from Other Employees After They Have Been Docked Full Pay for 5 Days
 - Due to Catastrophic Illness of the Employee or a members of the Employee's Immediate Family
- . Employees May Donate Up to 3 Local Sick Leave Days per Year in One-Half Day Increments
- . Employees May Receive Up to 50 Donated Days

. Sick Leave Questions Should Be Addressed To Margot Ochoa at 618-6041, Room 108 in the Administration Building

. Further Detail Available in Board Policies DEC Legal and DEC Local

PROCEDURE FOR DIRECT DEPOSIT

- MISD application and voided check should be received in the Payroll Office at least 3 banking days prior to payday.
- MISD must provide payroll information to the Federal Reserve at least two banking days prior to payday.
- Funds are available when the banking institutions open on payday.
- Employees will receive written notification from MISD on payday indicating the amount deposited on their behalf.
- The District's Depository Bank will advise MISD of any rejected direct deposits.
- If for some reason an employee's account is closed or for any other reason a bank declines a deposit, MISD cannot reissue the funds to the employee until they have been returned by the Federal Reserve to MISD's Payroll Account.
- Direct Deposit continues from year to year and month unless an employee terminates employment or submits an MISD Cancellation of Authorization Agreement form.

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

NAME _____ SOCIAL SECURITY # _____

SCHOOL/ORGANIZATION _____

=====

Please follow the instructions on the back of this form to complete this section.

ACCOUNT NAME _____

DEPOSITORY NAME _____

DEPOSITORY ABA NO. _____ ACCOUNT NO. _____

=====

For the purpose of direct deposit of payroll checks only, I hereby authorize McAllen Independent School District (District) and the depository named above to initiate direct deposit (credit) entries and correction (debit) entries to the depository account listed above. This authority is to remain in effect until the District has received written notification from me of its termination in such time and in such manner as to afford the District and the depository a reasonable opportunity to act on the termination notice.

I agree to indemnify the District from any claims incident to the direct deposit of my payroll check including, without limitation, any claim based on alleged loss as a result of non-posting of any credit, and any claim which may be made by any person as a result of the rejection of any of my checks because of insufficient funds arising from the failure of my financial institution to post the credit on my account.

EMPLOYEE'S SIGNATURE _____ DATE _____

This form must be received by the Payroll Office at least three banking days prior to pay day with a copy of your voided personalized check.

PAYROLL USE ONLY:

RETURN WHITE COPY OF THIS AGREEMENT
AND YOUR VOIDED CHECK TO THE PAYROLL OFFICE
SECOND COPY TO BE RETAINED BY EMPLOYEE

McALLEN INDEPENDENT SCHOOL DISTRICT
CANCELLATION OF AUTHORIZATION AGREEMENT
FOR DIRECT DEPOSIT

NAME _____ SOCIAL SECURITY _____

SCHOOL/ORGANIZATION _____

=====

I hereby cancel my authorization agreement for direct deposit which was made for the purpose of direct deposit of payroll checks only. I understand this cancellation must be received in the Payroll Office of the McAllen Independent School District at least three banking days prior to the payday in which it will be effective.

I also understand that should this form not be filed with the Payroll Office at least three banking days prior to payday, my payroll check will be forwarded to my financial institution according to the authorization agreement currently in effect, and my cancellation will not be effective until the following pay day.

EMPLOYEE'S SIGNATURE: _____ DATE: _____

RETURN WHITE COPY OF THIS CANCELLATION TO THE PAYROLL OFFICE
SECOND COPY TO BE RETAINED BY EMPLOYEE

1-25

MCALLEN INDEPENDENT SCHOOL DISTRICT

TIME CLOCK PROCEDURE

- . All para-professionals must punch in:
 - . beginning of work
 - . beginning of lunch
 - . end of lunch
 - . end of work
 - . anytime leaving and returning
- . Clock accepts:
 - . photo ID
 - . social security number
 - . SEMS ID
- . Use right hand in palm reader
- . May not clock in/out for anyone else. Disciplinary action will be taken
- . Clock rounds to nearest quarter hour
- . Complete Edit Form if clock is down or punch is missed
- . Monthly pay periods end on last Friday of each month
- . Work weeks begin on Saturday and end on Friday
- . Must be paid overtime (time and one-half) for more than 40 hours physically on the job in a week unless flex time is used
- . Flex time is used in the same pay period. If an employee physically works 42 hours in a week, 3 hours should be taken off in the same pay period
- . If an employee physically works 34 hours in a 40 hour week and uses 8 hours of sick leave, employee will be paid 42 hours regular pay. If flex time is used, 40 hours will be paid and employee takes off 2 hours in the same pay period
- . Supervisor submits Supplemental Payroll Request form for any employees with extra duty pay at the end of a pay period
- . Object for extra duty is 6121
- . Division of Instruction uses "M" in 18th digit of extra duty account
- . All others use "T" in 18th digit of extra duty account
- . Employees will be docked if all hours are not worked in pay period

- . Supervisors/employees should adhere to MISD budget

Date: _____

To: _____
(Principal/Supervisor)

From: _____
(Employee's Name)

Subject: Time Clock Correction for _____
Date

Please correct my time as follows:

<u>Time</u>	<u>Circle One</u>
_____	a.m./p.m./noon/midnight when I came in
_____	a.m./p.m./noon/midnight when I left for lunch
_____	a.m./p.m./noon/midnight when I returned from lunch
_____	a.m./p.m./noon/midnight when I left at the end of the day

Reason for error/Remarks: _____

Employee's Signature

Principal's/Supervisor's Signature

Employee's Social Security Number

Date Corrected in Time Clock