# Pay and Benefits

* 1. **Benefits**
		1. **Schedules of Benefits**

The BOCES has designed three separate Schedules of Benefits for its employees: Schedule A, Schedule B, Schedule C. **See Section I for these Schedules**. The premise for each of the schedules is the number of days in the employee’s Employment Agreement. The benefits are detailed on each of the schedules.

Employees other than those on Benefit Schedule A are required to have an individual employee calendaron file in the Human Resources office. **HR will email you a blank calendar to complete each fiscal year to return and maintain in the HR office**. Special Education staff have different calendars depending on the positions they hold.

Employee calendar’s shall be approved by the immediate supervisor.

* + 1. **Family Leave Medical Act**

Pursuant to the Family and Medical Leave Act (FLMA) of 1993, employees are qualified for leave for the reasons and provisions as specified in the Act. To be eligible for leave under this policy, an employee shall have been employed for at least 12 months and shall have worked at least 1,250 hours during the 12-month period preceding the commencement of the leave. A full-time classroom teacher shall be deemed to be eligible for family leave. If an employee is entitled to paid leave under another policy, the employee shall take the paid leave first. An eligible employee shall be entitled to a combined total of 12 weeks leave per year under particular circumstances that are critical to the life a family.

Family leave is taken for the purpose of either childbirth, child care, adoption, or case of illness in the employee’s immediate family.

The complete BOCES policy regarding Family Leave is detailed on the CBOCES website, [www.cboces.org](http://www.cboces.org), about us, Board policies, Section G- personnel, GBGF, GBGF-R.

* + 1. **Sick Leave Bank**

In accordance with BOCES policy GBGH under personnel on the CBOCES’S website, under Board Policies in addition to the regular sick leave allotted to each BOCES employee (see Policy GBGG), a Sick Leave Bank has been established by the Centennial BOCES for use by any BOCES employee whose accumulated sick leave is inadequate for an extended illness or disabling condition. An employee may be required to furnish satisfactory medical proof of illness or disability.

Each BOCES staff member employed at .5 FTE, or more, is eligible to join the Bank, and may do so voluntarily by contributing two (2) days from his/her eligible sick leave. These days will be removed from the individual’s sick leave eligibility and will be transferred to the Bank total.

**Eligibility**

Participation in the bank is voluntary. Upon an employee’s hiring, the opportunity to join the Bank will be offered. If the employee wishes to join the Bank, the first two days of unused sick leave days will be donated to the bank. All other employees may join by September 1 of any year. Employees who choose not to contribute to the Bank will not have the opportunity to take advantage of the Bank.

**Participation In and Utilization of Bank**

To find out more about the use of the bank please refer to the policy, CBOCES Policy- under Personnel GBGH. The Membership Application to become a member and the Sick Leave Bank Application Form are included for your information.

* + 1. **Leaves**

Leaves available to BOCES employees that are not detailed on the Schedules of Benefits are as follows:

❒ Jury Duty and Witness Leave (Policy: GBGK)

❒ Staff Victim Leave (Policy: GBGL)

❒ Military (Policy: GBGI)

All employees taking available leaves must request leave on the portal and obtain supervisor approval. [www.cboces.org](http://www.cboces.org), go to employee services, employee online IV, login username 1st initial, last name, password Cboces123, (when authenticate check spam email for code), employee resources, attendance, request time off, follow promps.

* + 1. **Insurance and Other Benefits**

For employees who work less than 1.0 FTE, the BOCES paid benefit amount is pro-rated commensurate with the employee’s FTE. This definition is detailed in the BOCES Policy GCBD and on the Schedule A,B, or C.

**Group Insurance Benefit Package**

❒ Major Medical Insurance ❒P.E.R.A.

❒ Life Insurance ❒ Long Term Disability

The BOCES pays employee coverage as per the Schedule of Benefits. Dependent coverage may be purchased by employee.

* + 1. **Workers’ Compensation**

Workers’ Compensation Insurance is maintained by the BOCES to pay costs and benefits in connection with accidents or covered occupational diseases which arise out of and in the scope of employment.

You are required to report your accident to your supervisor and the Centennial BOCES Human Resource Department immediately. Effective July 1, 1998, all employees must obtain treatment for work-related injuries and illnesses from one of the following:

**UCHealth GMC Champs Department**

**1900 16th Street 4th Floor**

**Greeley, CO 80631**

**970-350-2471**

**Colorado Plains Medical Group – Lincoln**

**1000 Lincoln Street Suite 200**

**Fort Morgan, CO 80701**

**970-542-4390**

**Colorado Plains Medical Group – Lincoln**

**1000 Lincoln Street Suite 200**

**Fort Morgan, CO 80701**

**970-542-4390**

**UCHealth Longmont Clinic PCP – OCCMED**

**1925 W Mountain View Avenue**

**Longmont, CO 80501**

**970-237-8031**

In the event of a life or limb-threatening emergency, you will be taken to the nearest hospital or emergency care facility. The medical providers designated above, if needed, will provide follow-up care. Other information may be obtained by contacting the Human Resource office.

* + 1. **Retirement Compensation**

All personnel are required by law to join the Public Employees Retirement Association (PERA). PERA membership requires a payroll deduction of 10% for participating employees and 20.9% by the BOCES or as set by the State of Colorado Statutes.

Retirement compensation is determined by the Public Employees Retirement Association and is based on years of membership, salary received during employment, full time equivalence and options selected by the retiree.

* + 1. **Expense Reimbursement**

In accordance with BOCES Policy DKC\* under Fiscal Management the BOCES will reimburse employees for work related expenses. **Receipts** must accompany all requests for reimbursement with the exception of the mileage pay form.

The following forms have been adopted to help facilitate this process:

* + - * 1. Mileage Pay Form

This form should be turned in at **monthly** and mileage will

be paid through the financial system

The form may need supervisor approval, but not necessarily required.

Mileage at the end of the fiscal year (June 30th) must be turned in for processing no later than July 5th.

* + - * 1. Travel Expense Advance

Optional form and it may be filled out prior to attending a work

related conference.

Form is in triplicate.

The **Estimated Expense** column is completed at least three weeks

prior to conference

Prior approval of supervisor and Executive Director is required

Copy of form submitted for payment processing through financial

system

After conference, **Actual Expenses** column is completed and

receipts are attached

Supervisor approves **Actual Expenses**

 If Balance Due is to the Employee, a copy of the form plus receipts is submitted through the financial process for employee reimbursement

If Balance Due is to the Employer, a copy of the form plus receipts is submitted to supervisor for reimbursement to BOCES

* + - * 1. Out of State Travel Approval

The Executive Director **must approve travel to an out of state conference in advance.**

Approval should be obtained prior to conference registration.

* + - * 1. General Expense Reimbursement

Form accommodates reimbursement to staff for work-related

expenses

Staff member is conducting workshop out-of-town and needs to pick up supplies, refreshments, etc.

**Receipts must be attached** to form

Approval of supervisor obtained

A **receipt must accompany all expenses for which an employee**

**requests reimbursement**

To claim breakfast, the employee must depart from home or the

BOCES office prior to 6:00 a.m. To claim dinner, the BOCES

business function must extend past 6:00 p.m.

Automobile Mileage Allowance: A mileage allowance will be paid for the use of privately owned automobiles on BOCES’ business.

For further information regarding Expense Reimbursement see Policy Manual Section DKC\* and the accompanying regulations.

* 1. **Payroll Information**
		1. **Pay Day**

Payday is normally the last working day of the month.

* + 1. Salary Schedules

Centennial BOCES currently has three salary schedules for its employees.

* + - * 1. Classified Professional and Support Staff Salary Schedule

BOCES Professional and Support Staff are on a Performance Pay Plan.

Performance Pay Plan is utilized in conjunction the Employee’s current Performance Evaluation

* + - * 1. Licensed Salary Schedule

Certificated staff newly hired are given credit for a maximum of 12 years Credit for previous experience

BOCES also has a provision for educational advancement on the Licensed Salary Schedule.

Request for Educational Advancement on the Salary Schedule must be completed and submitted on or before April 1st for the employee to be eligible for educational advancement pay for the ensuing year.

Detailed information is provided on the Request for Educational Advancement on the Salary Schedule Form 1/3 of the credits 2/3 of the advancement credits must be college or university credit hours. The other 1/3 may be professional development credits.

* + - * 1. Instructional Support Staff Salary Schedule

Salary Schedules are reviewed and updated every two years via salary surveys. Salary Schedules are viewable on [www.cboces.org](http://www.cboces.org), financial transparency, salary & benefit schedules.

* + 1. Payroll/Personnel Changes to Employment Agreement

A Payroll/Personnel Change Form is utilized when the following changes occur during a fiscal year:

* + - * 1. Address Change
				2. Salary amount change
				3. FTE change\Contract day change
				4. Assignment Change
				5. Job Classification Change

Change is initiated by supervisor and approved by Executive Director

* + 1. Salary Check Deductions
			1. Required Deductions
				1. Federal withholding
				2. State withholding
				3. PERA
				4. Medicare deduction (1.45%) for persons employed after April 1,

1986.

 (5) Unemployment

* + - 1. Deductions Authorized upon Written Request by Employee
				1. BOCES approved tax sheltered annuity contracts
				2. United Way Program
				3. BOCES approved Group Insurance(s)
				4. St. Vrain Valley Schools and Weld County Schools Credit Unions
				5. Direct Deposit
				6. PERA Survivors Insurance
				7. PERA 401-k
				8. BOCES approved Section 125 Plans

Unreimbursed Medical

Dependent Day Care

BOCES approved insurance premium deductions

* + 1. Payroll Processing Deadlines and Requirements
			1. Time card and sub forms are to be approved, signed and

submitted to the Human Resources office in Greeley by the 15th of the month. If the 15th falls on Saturday or Sunday, time cards must be submitted on the preceding Friday. The Human Resources office must approve any exception to this requirement.

* + - 1. Payday is normally the last working day of the month.

* + 1. Overtime and/or Comp Time **(Non-exempt Staff)**

In accordance with law, overtime, when approved in advance by the appropriate supervisor, shall be paid at the rate of time and one-half for all hours worked in excess of 40 hours per week or 12 hours per day.

 Certain positions are identified as exempt according to the Fair

Labor Standards Act and therefore, do not qualify for overtime. Questions can be directed to your supervisor and the Human Resources Office.

**Emergency Closings**

The Executive Director will decide emergency closings. In case of bad weather, the Executive Director will consult with superintendents and other member district employees and make a decision about whether or not the offices will be closed. Telephone trees will be utilized to contact employees. Please don’t try to call the Executive Director or Program Director to find out if you are to report to work; that ties up the phones and the calls cannot be made. Please wait for your designated person to call. If it is necessary to close the office during the day the Executive Director will notify the Program Directors and they will let you know when the offices are closing. Please see your director for an updated telephone tree. The Communication Specialist also posts any closings on the CBOCES’s website for that day, as well.

#  Form 27



**MILEAGE PAY REQUEST**

**TRAVEL FOR MONTH OF YEAR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **From** | **To** | **Purpose** | **Program** | **Miles** |
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| **Total Miles**  |  |  |

 \_\_\_\_\_\_\_Miles x \_\_\_\_\_ per mile = $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***I certify the above to be correct:***

Name: Account:

Address:

Employee SignatureSupervisor Signature



**Form 28**

**CENTENNIAL BOCES**

**HOURLY EMPLOYEE RECORD**

 **CLASSIFIED STAFF**

**Print Name:**

**Job Title: Program:**

**Rate:**  **Job Code:**

|  |  |
| --- | --- |
| **Month:** | **Month:** |
| **Day of** **Month** | **Hours** **Worked** | **Account Number Charged** | **Day of** **Month** | **Hours** **Worked** | **Account Number Charged** |
| **16** |  |  | **1** |  |  |
| **17** |  |  | **2** |  |  |
| **18** |  |  | **3** |  |  |
| **19** |  |  | **4** |  |  |
| **20** |  |  | **5** |  |  |
| **21** |  |  | **6** |  |  |
| **22** |  |  | **7** |  |  |
| **23** |  |  | **8** |  |  |
| **24** |  |  | **9** |  |  |
| **25** |  |  | **10** |  |  |
| **26** |  |  | **11** |  |  |
| **27** |  |  | **12** |  |  |
| **28** |  |  | **13** |  |  |
| **29** |  |  | **14** |  |  |
| **30** |  |  | **15** |  |  |
| **31** |  |  |  |  |  |
| **TOTAL HOURS** |  |  |

***Time sheets are due on or before the 15th day of the month. Time sheets received after the 15th will be held until the following month for processing.*** TIME SHEETS RECEIVED 60 DAYS after the 15th of the month hours worked WILL NOT be processed.

 ***APPROVALS:***

**Employee**

**Address Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

  **Executive Director ­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Centennial BOCES**

**Expense Reimbursement Form**

**Name: Date: thru**

**Address: Purchase Order No.**

**Account No.**

***For Reimbursement All Receipts Must Be Attached***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Purpose** | **Description** | **Amount** | **Total** |
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|  |  |  |  |  |
| **GRAND TOTAL** |  |

Employee’s Signature: Date:

Supervisor’s Approval: Date:

**REQUEST FOR EDUCATIONAL ADVANCEMENT PAY**

**ON THE SALARY SCHEDULE**

**TEACHER NAME:**

I certify that I have satisfactorily completed the following college/university course work and have attached documentation (grade reports/transcripts or other written evidence from the college or university) and are eligible for advancement on the salary schedule.

|  |  |  |  |
| --- | --- | --- | --- |
| **Course No. & Brief****Description** | **Semester****Hrs. Earned** | **College or****University** | **Date****Course Completed** |
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As a result of completing these courses I am now eligible for the following lateral educational step on the salary schedule. Please check the appropriate lateral step:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **BA+15** | **BA+30** | **BA+45** | **MA** | **MA+15** | **MA+30** | **MA+45** | **EDD** |
|  |  |  |  |  |  |  |  |

**Please note:** Lateral educational steps must be at least 10 university/college credit hours (semester hours). The remaining five (5) units may be either university/college credit or approved professional development (PDC) credits. Employees may utilize approved PDC credits earned. Also, Board Policy requires that teachers must notify the central office of their eligibility for increments on the lateral scale. The notification must be submitted on this form and include official transcripts documenting college credit hours earned. Notification **must be made on or before April 1st to be eligible for educational advancement pay for the ensuing school year.** To receive the lateral advancement on the salary schedule, the required documentation, as described above, must be approved by the supervisor and returned to the HR Office in Longmont by August 1st. Failure to serve notification by the deadline will result in the forfeiture of the increment for the school year.

**Teacher Signature Date**

I have reviewed and approved the course work and this educational advancement salary request.

**Program Administrator Approval Date**

**Executive Director Effective Date of Increase**

**Membership Application**

**Centennial BOCES**

### Sick Leave Bank

**To be completed by employee:**

Employee’s Name:

Home Address:

Home Phone: Work Phone:

Position: FTE:

Eligibility Verified:

Current Personal Sick Leave Days Available:

Days Donated to Sick Leave Bank: 2

Personal Sick Days Remaining:

Date Sick Leave Bank Membership Processed:

I understand by the above, that I am donating two of my personal sick days to the Centennial BOCES Sick Leave Bank and am now an eligible bank member. If I choose to withdraw at a later date, I understand that my donated two days will be forfeited to the Bank.

Employee Signature Date

 **Membership Processed by Human Resources:**

 Human Resources Representative Signature Date

# Request to Access Centennial BOCES

**Sick Leave Bank**

## Part I: To be completed by employee or representative

Employee’s Name:

Home Address:

Home Phone: Work Phone:

Position: FTE:

Date Sick Leave Bank Membership:

Date illness/injury began: Expected Duration:

Date all current sick leave will be / was exhausted:

Number of days requested from Sick Leave Bank:

Briefly describe the nature of illness / injury:

Required medical records shall be attached to this request.

Employee Signature: Date:

Program Director Signature: Date:

Committee Chair Receipt

Signature: Date:

Committee Disposition:

Executive Director: Date:

Signature: Date:

**PART II: Attending Physician’s Statement**

Employee’s Name: Soc Sec Number

Home Address:

Home Phone: Work Phone:

**Physician**

Name: Phone:

Address:

Date first consulted for this condition:

Briefly describe the nature, diagnosis, and treatment of illness / injury:

**Anticipated duration employee is unable to work due to condition.**

From: Through:

Signature of Physician: Date:

## Request to Utilize Family Medical Leave

## Centennial BOCES

## Part I: To be completed by employee or representative

Employee’s Name: Soc Sec Number

Home Address:

Home Phone: Work Phone:

Position: FTE:

Date(s) Leave Requested:

Briefly describe the reason for leave request:

Date illness/injury began: Expected Duration:

Required medical records shall be attached to this request.

Employee Signature: Date:

Program Director Signature: Date:

Executive Director: Date:

**CBOCES VEHICLE CHECK-OUT PROCEDURES**

All staff will have access to the agency vehicles if they are available for check-out. The Centennial BOCES Administration Department will monitor vehicle use. Please advise the Administration Department of any specific vehicle concerns upon use of the agency vehicle. The following procedures have been established:

* The Media Subaru is not available for check-out on Thursdays.
	+ This vehicle will be checked out on a first come – first served basis
* The Nissan van is available for check-out every day; however, SWAP and Special Education staff will have priority in using this vehicle and if you have it reserved and they need it you may be “bumped” from using the vehicle. Please note: The van is to be used when four or more people are being transported. The van is not for single occupants driving to and from work locations.
* A copy of a valid driver’s license will be maintained with the Business Services office for all employees utilizing the agency vehicles.
* Per our insurance coverage, all employees driving a company vehicle need to have their driving records checked annually. To achieve this, you will need to fill out a “Permission for Release of Individual Records” form (form 110). Please send or give the form to Mandy Moss.
* **The agency vehicles will not be available to staff without these requested documents on file.**
* Please reserve vehicles through Anna Segura at the Fort Morgan office through phone call or email. If Anna is unavailable contact Shawntay Guzman (Shawntay serves as the backup for Anna). If Anna and Shawntay are unavailable, please reserve the vehicle through Bela Russell. Also, there are two folders in Outlook under Public Folders – All Public Folders titled CBOCES Vehicle – Ft. Morgan and CBOCES – Greeley. Staff can check here to see availability of the vehicles.
* Before using the vehicle, you need to obtain the binder that contains the keys, gas card, receipts, and trip log from the file cabinet in the front office at Greeley or from Anna in Fort Morgan. The trip log is maintained in each notebook. Each staff member using the vehicle must complete the log when signing out and returning the vehicle. Make sure you write legibly and include your first and last name, date, mileage, destination, purpose, and program. The entire binder must be returned to the front desk in Greeley or Anna in the Morgan County CBOCES office at the conclusion of the trip.
* **All users will return the vehicle with at least a half tank of gasoline**. If you are at the gas station and have an issue with the gas card you can call the toll free number on the back of the card for immediate assistance.
* It is the responsibility of each vehicle user to keep the interior of the vehicle clean. The Administration Department will handle maintenance and exterior cleaning.
* Each department using the vehicle will be charged a mileage expense on a monthly basis. This rate will cover the costs for gasoline, maintenance, and replacement account. The rate is .09 per mile below the approved employee monthly rate. Costs will be allocated by the Administration Department on a monthly basis based on miles per program.

Revised 8/19/16