



ELMORE COUNTY PUBLIC SCHOOLS

PAYROLL INFORMATION



WHEN WILL I RECEIVE MY FIRST OR LAST
PAYCHECK?

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: work 12 months paid over 12 months

– July 30th-June 30th

IF YOU ARE A LATE HIRE THIS WILL NOT APPLY

WHAT DAY OF THE WEEK WILL I BE PAID?

EMPLOYEES ARE PAID THE 30TH OF EACH MONTH UNLESS THE 30TH FALLS ON A WEEKEND, THEN PAID THE FRIDAY BEFORE THE 30TH!!



HOW IS MY SALARY CALCULATED?

- AN EMPLOYEE'S SALARY IS DIVIDED EVENLY THROUGH 12 MONTHS:
 - SEPTEMBER THROUGH AUGUST FOR 9 MONTH EMPLOYEES
 - AUGUST THROUGH JULY FOR 10 AND 11 MONTH EMPLOYEES
 - JULY THROUGH JUNE FOR 12 MONTH EMPLOYEES
 - FOR LATE HIRES, PAY IS CALCULATED ON THE NUMBER OF WORKING DAYS AND DIVIDED EQUALLY OVER THE REMAINING PAY PERIODS.
 - (D.R.P. X DAYS WORKED = SALARY ÷ 12 WILL GIVE MONTHLY GROSS AMOUNT)
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- 9M- WORK 187 DAYS
 - BUS DRIVERS - WORK 182 DAYS
 - 10M- WORK 207 DAYS
 - 11M- WORK 227 DAYS
 - 12M- WORK 240 DAYS
 - EXTENDED DAY WORKERS- WORK 260 DAYS

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**

ESS-EMPLOYEE SELF SERVICE

THIS SITE ALLOWS YOU TO:

- VIEW PAYROLL CHECKS
- VIEW LEAVE BALANCE
- MAKE TAX CHANGES
- MAKE ADDRESS CHANGES
- UPDATE YOUR BANKING INFORMATION FOR DIRECT DEPOSIT

*** PLEASE NOTE: YOU WILL NOT BE ABLE TO CREATE YOUR ESS ACCOUNT UNTIL YOU HAVE RECEIVED YOUR FIRST CHECK.***

INSTRUCTIONS FOR CREATING YOUR ESS ACCOUNT CAN BE FOUND IN YOUR TALENT ED ACCOUNT.

SICK LEAVE

Employee sick day accrual

- *9-month employee: September-May (earn 9 sick days a year)*
- *10-month employee: September-June (earn 10 sick days a year)*
- *11-month employee: September-July (earn 11 sick days a year)*
- *12-month employee: July-June (earn 12 sick days a year)*

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.



PERSONAL DAYS

YOU WILL RECEIVE TWO PERSONAL DAYS A YEAR.

Years of Consecutive Service for the Board and 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. Any unused personal days will roll into sick days in July.



TAKING A LEAVE OF ABSENCE

(IF YOU WILL BE OUT TEN OR MORE DAYS THIS MUST BE COMPLETED)

- **LOG INTO YOUR TALENT ED ACCOUNT TO COMPLETE THE FORMS LISTED**

SICK BANK COMMITTEE REQUEST FORM

(COMPLETE THIS FORM ONLY IF YOU ARE A MEMBER OF THE SICK BANK AND WANT TO HAVE DAYS DONATED)

REQUEST FOR LEAVE OF ABSENCE FORM

(COMPLETE THIS FORM IF YOU WILL BE OUT OF WORK 10 DAYS OR MORE)

F.M.L.A FORM (REQUIRED FOR EMPLOYEES WHO HAVE BEEN EMPLOYED AN ENTIRE YEAR)

Leave of Absence – Medical or Birth/Adoption

An employee may be granted up to one year leave of absence without pay for each birth/adoption of a child, or personal illness when proper application is made to the Elmore County BOE. For valid extenuating circumstances, the Board may extend the leave of absence for up to one additional year. Such leave granted by the Board shall not be deemed to interrupt the continuing service of the employee. Should an employee who qualifies for FMLA leave and is also granted medical or birth adoption leave, the first twelve weeks of that leave shall be deemed to be FMLA leave.

Use of Leave – If an employee has available sick leave, catastrophic leave, or comp time leave, the employee must utilize those forms of leave before taking unpaid leave under the FMLA. In that instance, the paid leave and the FMLA leave will run concurrently, and the employee's twelve (12) weeks of unpaid FMLA leave will be reduced by the paid leave utilized, as long as the need for such leave results from one or more of the qualifying reasons under the FMLA.



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

MELISSA LOWERY –PAYROLL

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WEBSITE
www.elmoreco.com

PEEHIP/RSA

Phone **877.517.0020** or **334.517.7000**

Fax **877.517.0021** or **334.517.7001**

Email peehipinfo@rsa-al.gov General Info
peehip.invoicing@rsa-al.gov Invoices/Billing

Building Location

201 South Union Street
Montgomery, Alabama

Business Hours

8:00 a.m. to 5:00 p.m.

Monday-Friday

BOARD MEMBERS

David Jones-Chairman Michael Morgan-Vice Chairman Leisa Finley Joey Holley Bill Myers Wendell Saxon Brian Ward


HEALTHCARE

PEEHIP-BLUE CROSS BLUE SHIELD

HMO'S- VIVA

PEEHIP OPTIONAL COVERAGE – BLUE CROSS BLUE SHIELD

RSA/PEEHIP 334-517-7000

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- **New employees who wish to enroll in PEEHIP family coverage (Hospital Medical and/or Optional Coverage) must do so within 30 days of 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.
 - 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 1st 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-enrollment in a Flexible Spending Account online or on paper is September 30.
 - Open Enrollment changes cannot be submitted after these deadlines.
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BREAKDOWN OF HEALTH BENEFIT COVERAGE

RSA/PEEHIP 334-517-7000

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

OTHER HEALTH BENEFITS OPEN ENROLLMENT INFORMATION

RSA/PEEHIP 334-517-7000

- **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 1st effective date.**