

LYFORD CISD



PAYROLL MANUAL

Lyford Consolidated Independent School District

Payroll Manual

Pay Administration.....	3
Annual Pay Increases.....	3
Annualized Salary Required.....	3
Example Pay Calculation.....	3
Classification of Positions.....	4
Supplemental Pay Procedures.....	4
Extra Duty Pay Sheet.....	5
Time Sheet.....	5
Overtime.....	5
Compensatory Time.....	6
Substitute Teachers.....	6
Tutors.....	7
Game Workers.....	7
Reporting Absences.....	7
Sick Leave Pool.....	8
FMLA.....	8
Worker Compensation.....	8
Direct Deposit Form.....	8
W-4 Forms.....	9
Earned Income Credit.....	9
Medicare Tax Information.....	9
457-FICA Alternative.....	9
Teacher Retirement (TRS).....	9
Annual Election-Cafeteria Plan.....	10
W-2 Form.....	10
Payroll Cycles.....	11
Monthly Payroll Calendar.....	11
Workweek Defined.....	11
Issuing Checks.....	11
Early Separation.....	12
Records.....	12
Reminders from the Payroll Department.....	12
Appendix.....	14

Pay Administration

The Superintendent shall administer the compensation plans consistent with the budget approved by the Board. The Superintendent or designee shall classify each job title within the compensation plans based on the qualifications and duties of the position. Within these classifications, the Superintendent or designee shall determine appropriate pay for new employees and employees reassigned to different positions.

Annual Pay Increases

The Superintendent shall recommend to the Board an amount for employee pay increases as part of the annual budget. The Superintendent or designee shall determine annual increases for individual employees, within budgeted amounts.

Annualized Salary Required

The District shall pay all salaried employees over 12 months, regardless of the number of months employed during the school year. A salaried employee shall receive his or her salary in equal monthly or semimonthly payments, beginning with the first pay period of the school year.

Example Salary Calculation*

The information below provides examples of the calculation for an employee working a full 187 or 226 work schedule compared to an employee working less than the full 187 or 226 work schedule (late start). *The examples are general and are intended for illustration purposes only. Furthermore, the examples are not intended to be a substitute for official salary/compensation calculations.

Example 12 Month Employee

New Hire

Works 226 days of 226 Schedule
Yearly Salary - \$40,000
Start Date: 7/1/2014
Number of days worked: 226 Days
Daily Rate: \$176.99
Monthly Gross: \$3,333.33
12 Months of Pay

Late Hire

Works 166 days of 226 Schedule
Yearly Salary- \$40,000
Start Date: 10/1/2014
Number of days worked: 166 out of 226
Daily Rate: \$176.99
Monthly Gross: \$3,264.00
9 Months of Pay

Example Teacher

New Hire

Works 187 days of 187 Schedule
Yearly Salary - \$40,000
Start Date: 8/10/2014
Days Worked: 187
Daily Rate: \$213.90
Monthly Gross: \$3,333.33
12 Months of Pay

Late Hire

Works 99 days of 187 Schedule
Yearly Salary - \$40,000
Start Date: 1/2/2015
Days Worked: 99
Daily Rate: \$213.90
Monthly Gross: \$3,025.16
7 Months of Pay

Classification of Positions

The Superintendent or designee shall determine the classification of positions or employees as “exempt” or “nonexempt” for purposes of payment of overtime in compliance with the Fair Labor Standards Act (FLSA).

Exempt

The District shall pay employees who are exempt from the overtime pay requirements of the FLSA on a salary basis. The salaries of these employees are intended to cover all hours worked, and the District shall not make deductions that are prohibited under the FLSA.

An employee who believes deductions have been made from his or her salary in violation of this policy should bring the matter to the District’s attention, through the District’s complaint policy. [See DGBA] If improper deductions are confirmed, the District will reimburse the employee and take steps to ensure future compliance with the FLSA.

The Superintendent or designee may assign non-contractual supplemental duties to personnel exempt under the FLSA, as needed. [See DK(LOCAL)] The employee shall be compensated for these assignments according to the District’s compensation plans.

Nonexempt

Nonexempt employees may be compensated on an hourly basis (refer to overtime pg 5) or on a salary basis. Employees who are paid on an hourly basis shall be compensated for all hours worked. Employees who are paid on a salary basis are paid for a 40-hour workweek and do not earn additional pay, but can accrue compensated time.

A nonexempt employee shall have the approval of his or her supervisor before working overtime. An employee who works overtime without prior approval is subject to discipline but shall be compensated in accordance with the FLSA.

Supplemental Pay Procedures

All district employees, full time or part-time, must be paid through Payroll for any type of compensation, EXCEPT reimbursements for travel, fees, dues, etc. If an employee earned wages in a second unrelated job such as judging contests, athletic events and so forth, the compensation will go through Payroll. These payment requests do not belong on a requisition, but should be sent through regular payroll channels using the Extra Duty Pay Sheet or Timesheet with appropriate backup attached.

There are two types of supplemental forms (Extra Duty Pay Sheet and Timesheet) each of which require the signature of the employee and the Principal/Supervisor.

Extra Duty Pay Sheet

Exempt employees who perform other duties in addition to their regular assignments are paid supplemental pay. [See Exhibit A – Extra Duty Pay Sheet]

Time Sheet

Employees who are considered non-exempt are required to turn in a time sheet. [See Exhibit B – Time Sheet]

Timesheet Procedures

All employees who are at-will will be given a timesheet template provided by the payroll clerk. The template will include all 12 months starting with Aug and ending Aug (following year). The template will also include the pay period date, due date and will also have a drop down box in the name section so employee can select his/her name.

Instructions on how to complete timesheets will be emailed to all employees once email is setup upon hire.

Once timesheets are completed by employee, it is submitted for approval and signature to immediate supervisor. Then the campus secretary submits all approved and signed timesheets to the Payroll Department.

Overtime

Nonexempt employees will receive compensation, either monetarily or in time, for all hours actually **worked** in excess of 40 hours per week (leave days do not count toward hours for overtime) Overtime is not measured by the day or by the employee's regular work schedule. Employees who are approved to work beyond their normal schedule, but less than 40 hours per week will be compensated at straight time. Prior to working overtime, employees will be informed whether the overtime is to be compensated monetarily or in time.

All overtime worked must be approved by a supervisor in advance. Supervisors are responsible for preventing unauthorized overtime. Employees who work unauthorized overtime may be subject to disciplinary action.

Overtime will be calculated by multiplying hours worked in excess of 40 by one and one-half times the regular hourly rate of pay. If a nonexempt employee has more than one nonexempt job in the District, hours will be combined for calculating overtime; if the level of compensation differs, compensation for any overtime will be based upon a weighted average of the hourly rates in the two positions.

Compensatory Time

At the District's option, nonexempt employees may receive compensatory time off, rather than overtime pay, for overtime work. The employee shall be informed in advance if overtime hours will accrue compensatory time rather than pay.

Accrual

Compensatory time earned by nonexempt employees may not accrue beyond a maximum of 60 hours. If an employee has a balance of more than 60 hours of overtime, the employee will be required to use compensatory time or, at the District's option, will receive overtime pay.

Use

An employee shall use compensatory time within the duty year in which it is earned. If an employee has any unused compensatory time remaining at the end of a fiscal year, the employee shall receive overtime pay.

Compensatory time may be used at either the employee's or the District's option. An employee may use compensatory time in accordance with the District's leave policies and if such use does not unduly disrupt the operations of the District. [See DEC(LOCAL)] The District may require an employee to use compensatory time when in the best interest of the District.

For more information on Compensatory Time please contact the Human Resource Office.

Substitute Teachers

At the beginning of each school year, the Superintendent or a designee, in cooperation with principals, shall compile a list of qualified substitute teachers available for the school year. This list shall be approved by the Superintendent and distributed to all principals. The list shall indicate each individual's qualifications. Principals shall request and receive specific authorization from the Superintendent or designee before employing any substitute not on the approved list.

- Application

Persons wishing to substitute teach in the District shall make application through usual channels. [See DC]

- Documentation

Approved substitutes shall have on file in the District:

1. The District's application form;
2. A record of highest education attained, including high school diploma, GED certificate, or transcript for all college work, and/or Texas certificates;
3. An income tax withholding form; and
4. Verification of completion of a criminal history record check.

- Qualifications

The District shall attempt to hire certified teachers as substitutes whenever possible; however, no person shall be employed as a substitute who does not have at least a high school diploma or GED.

- Selection

Principals shall give first consideration to the most qualified teachers on the approved substitute list and shall make an effort to place substitutes in their field of interest or the field in which they are best qualified.

- Pay

The rates for substitute pay shall be set by the Board and recorded in Board minutes.

- Performance Responsibility

A substitute shall be subject to all duties of a regular classroom teacher.

All substitute pay must be reported using the Substitute Pay Form. [See Exhibit C – Substitute Pay Form]

For more information on Substitute Teachers please contact the Human Resource Office.

Tutors

Applicants are required to apply for Tutors positions through Human Resources Office. Tutors will not be hired under Contracted Services arrangement. This position is considered a temporary position and this position allows for a maximum of 19 hours per week.

Pay rates are categorized by:

- Certified Teacher
- Bachelors Degree
- Non-Degreed

Tutors must complete and submit a Tutor Pay Form to campus secretary following the district's pay period calendar in order to receive payment for services. [See Exhibit D – Tutor Pay Form]

Game Workers

Employees working as Game Workers for sporting events will be paid through Payroll based on pay schedules. Each Game Worker Form shall be signed and dated by the employee and the supervisor. [See Exhibit E – Game Worker Form]

Reporting Absences

All employees must report their absences using Personnel Absence Report Form. [See Exhibit F – Personnel Absence Report Form]

For more information on reporting absences on the Personnel Absence Report Form please contact the Human Resource Office.

Sick Leave Pool

An employee who has exhausted all paid leave and who suffers from a catastrophic illness or injury or is absent due to the catastrophic illness or injury of a member of the employee's immediate family may request the establishment of a sick leave pool, to which District employees may donate only local leave for use by the eligible employee. If the employee is unable to submit the request, a member of the employee's family or the employee's supervisor may submit the request to establish a sick leave pool.

The pool shall cease to exist when the employee no longer needs leave for the purpose requested, uses the maximum number of days allowed under a pool, or exhausts all leave days donated to the sick leave pool.

The Superintendent or designee shall develop regulations for the implementation of the sick leave pool that address the following:

- Procedures to request the establishment of a sick leave pool;
- The maximum number of days an employee may donate to a sick leave pool;
- The maximum number of days per school year an eligible employee may receive from a sick leave pool
- The return of unused days to donors

Appeal

All decisions regarding the establishment or implementation of the District's sick leave pool may be appealed in accordance with DGBA(LOCAL), beginning with the Superintendent or designee

For more information please refer to Employee Handbook and/or contact the Human Resource Office.

Family and Medical Leave

For more information on Family and Medical Leave please contact the Human Resource Office.

Workers Compensation

Refer to the Workers Compensation Manual for more information. For reporting absences under Workers Compensation please contact the Business Office.

Direct Deposit Authorization Form

If an employee wishes to enroll in Direct Deposit of payroll checks, then a Direct Deposit Authorization Form must be submitted. [See Exhibit G – Direct Deposit Authorization Form]

1. Accurately fill in Employee's Name, ID #, and Date.
2. Form must be signed by the employee.
3. An employee's check may be direct deposited into a checking account **or** a savings account, or may be "split" into two accounts (checking and savings).
4. Attach a voided check to the bottom of the form..

5. If an employee wishes to stop a Direct Deposit of payroll checks, then a Direct Deposit Cancellation Form must be submitted. This form must be signed and dated by the employee.[See Exhibit G(a) – Direct Deposit Cancellation Form]

- Employee is responsible for notifying the payroll department regarding any account changes. Failure to notify the payroll department of account changes by the payroll deadline may result in a delay in receiving funds **and/or a \$25 processing fee.**

W-4 Form

Employees must complete a W-4 form so that the payroll department can withhold the correct federal income tax from wages. Because tax situations can change, a new form may be necessary. Please consult a tax advisor with any questions regarding withholding. A new W-4 form can be accessed from the IRS website (www.irs.gov) or forms are available in the payroll department and also available online. A new properly executed form will replace all prior forms received. [See Exhibit H - W-4 Form]

Earn Income Credit

If you are eligible and want to receive an advanced Earned Income Credit, a W-5 must be completed and forwarded to the payroll department each year. [See Exhibit I – W-5 Form]

Medicare Tax Information

Employees hired by Lyford CISD after March 31, 1986, are required to contribute 1.45 percent of their gross pay to the Medicare program operated by the Social Security Administration.

457 – FICA Alternative

Lyford CISD does not deduct for social security. The 457 FICA Alternative program has been established for employees who are not eligible for TRS membership. The deduction is 7.50 percent of gross pay and is pre-tax.

Questions regarding the 457-FICA Alternative Plan may be directed to the administrator, National Benefits Services at 1-800-274-0503. [See Exhibit J – FICA Alternative form]

Teacher Retirement (TRS)

Texas public school employees employed in a TRS eligible position must contribute to the TRS system. The total deduction is 7.05 percent of TRS-eligible wages. This deduction consists of a 6.4 percent pre-tax deduction and a .65 percent after-tax deduction for the TRS-Care program. Each employee that is participating in the TRS program will receive an annual statement of their account showing all deposits made from September through August. The annual statement is

provided from TRS. Please keep your address updated to ensure receipt of your statement. If you have moved, you can obtain a Change of Address form from the Business Office. [See Exhibit K – TRS Change of Address]

If you are planning to retire under TRS, you should notify TRS as soon as possible to obtain a retirement packet. You can request this packet and other information from TRS. Contact information for TRS is listed below. You may also refer to the Business Office website under our TRS section. Look up resignation/retirement section under TRS.

Teacher Retirement System of Texas
1000 Red River Street
Austin, Texas 78701-2698
1-800-223-8778
<http://www.trs.state.tx.us/>

Annual Election-Cafeteria Plan

Each school year, an active employee must elect in writing whether to designate a portion of the employee's compensation to be used as health care supplementation. The election must be made at the same time that the employee elects to participate in a cafeteria plan, if applicable. *Education Code 22.105*

W-2 Forms

W-2 forms will be sent on or before January 31st each year. It is very important to keep your mailing address updated. If you have moved, please complete a Demographic Information form with the Human Resources Department.

To replace a lost W-2 form, contact the payroll department. A replacement W-2 may be provided with a completed request form and a current Photo I.D. [See Exhibit L – Demographic Information Form, See Exhibit M – Request for Records in Payroll/Benefits]

Payroll Cycles

The following annual pay cycles* apply for employment classifications in the District:

EMPLOYEE CLASSIFICATION	PAY CYCLE
Professional Personnel	
12-month employees	July 1–June 30
10 ¼-month employees	August 1–July 31
10 ½-month employees	
10 ¾-month employees	
11-month employees	
10-month employees	September 1–August 31
*The following pay cycles exist solely for budgetary purposes and do not represent a term of employment for non-contractual personnel.	
Secretaries, Clerks, and Aides	
12-month employees	July 1–June 30
10 ¼-month employees	August 1–July 31
10 ½-month employees	
10 ¾-month employees	
11-month employees	
10-month employees	September 1–August 31
Maintenance, Custodial, Transportation, and Food Service Personnel	
12-month employees	September 1–August 31

Monthly Payroll Calendar

The monthly payroll calendar includes pay dates, pay periods and deadline dates to submit payroll forms to the business office. [See Exhibit N – Monthly Payroll Calendar, See Exhibit O – Semi-Monthly Calendar]

Workweek Defined

For purposes of FLSA compliance, the workweek for District employees shall be 12:00 a.m. Saturday until 11:59 p.m. Friday.

Issuing Checks

Procedures for issuance of checks are as follows:

Monthly payroll checks will be issued on the 20th of each month unless the 20th falls on a holiday or weekend then the payroll checks will be issued earlier. Semi-monthly payroll checks will be issued on the 15th and the 30th of each month unless the 15th /30th falls on a holiday or weekend

then the payroll checks will be issued earlier. [See Exhibit N – Monthly Payroll Calendar, See Exhibit O – Semi-Monthly Calendar]

Checks will be issued by the immediate supervisor.

Early Separation

If a salaried employee separates from service before the last day of instruction, the employee shall receive in his or her final paycheck the unpaid amount the employee has actually earned from the beginning of the 12-month pay period until the date of separation. For purposes of this policy, “separation from service” shall be as defined in IRS regulation 26 CFR 1.409A-1(h).

A salaried employee who separates from service on or after the last day of instruction shall be paid as follows:

An employee who is retiring under the Texas Teacher Retirement System shall receive in his or her final paycheck the unpaid amount the employee has actually earned from the beginning of the 12-month pay period until the date of separation. If the employee is eligible and elects to continue enrollment in the District’s group health coverage for one or more months of the summer, the employee’s share of premiums shall be withheld from the final paycheck.

All other employees shall be paid according to the annualized salary provisions above.

[For provisions on continuation of coverage after resignation, see CRD(LEGAL).]

Records

The District will maintain in the central payroll office weekly time records on all nonexempt employees. Records will indicate all hours worked, including compensatory time earned and used. Weekly time records must be verified by the supervisor and the employee and submitted to the payroll office on designated dates. All payroll records, including time records, will be maintained for a period of three years and will be made available for inspection by government authorities upon request

Reminders from the Payroll Department

- Failure to turn in payroll paperwork by deadlines may prevent timely pay of employees, tutors and substitutes.
- Always use current forms.
- Refer to the Payroll Due Date Schedule for dates included in each pay period and the specific DUE dates. Please note that the due date is the date Payroll must RECEIVE all/ any paperwork. Should any problem arise in being able to comply with the due date, be sure to contact the Payroll office.
- All timesheets/supplemental sheets must be signed by the appropriate Principal/Supervisor. Stamped signatures are not acceptable. A Principal/Supervisor cannot approve their own timesheet/supplemental. An additional supervisory signature must be obtained.
- An employee MUST use all days available to him/her before full dock can be taken.

- Extra duty pay for non-exempt employees will be paid at straight time up to 40 hours per week. Anything over 40 hours per week will be paid time and one-half.
- A check list for review will be conducted at the payroll office to ensure all checks for your campus have been received. Notify Payroll immediately regarding any missing or additional checks received.
- It is the responsibility of the employee to verify their payroll check for accuracy of hours paid. If there are errors or omissions please submit them with proper documentation to the payroll office no later than the next business day. Adjustments will be processed on the next payroll day. Hand-Cut checks will only be issued with Business Manager's approval.
- Payroll advances are not allowed.

Appendix

Exhibit A – Extra Duty Pay Sheet

Exhibit B – Time Sheet

Exhibit C – Substitute Pay Form

Exhibit D – Tutor Pay Form

Exhibit E – Game Worker Form

Exhibit F – Personnel Absence Report Form

Exhibit G – Direct Deposit Authorization Form

Exhibit G(a) - Direct Deposit Cancellation Form

Exhibit H – W-4 Form

Exhibit I – W-5 Form

Exhibit J – FICA Alternative Form

Exhibit K – TRS Change of Address

Exhibit L – Demographic Information Form

Exhibit M – Request for Records in Payroll/Benefits

Exhibit N – Monthly Payroll Calendar

Exhibit O – Semi-Monthly Calendar

To: **Payroll Clerk**
 Pay Date: _____

Lyford C.I.S.D.
Extra Duty Pay Sheet

Payroll Period/Dates	to _____ Campus : _____					
	Indicate Payroll Month					
Date:	ID#	Description of Extra Duty work	Dates/hours worked	Pay Rate	Total	Funding Account
1					\$ -	
2					-	
3					-	
4					-	
5					-	
6					-	
7					-	
8					-	
9					-	
10					-	
Total Cost					\$ -	

 Employee's Signature

 Supervisor's Signature / Approval

 Business Manager's Signature / Approval



Name Jane Doe
 ID# 1234
 Campus/Dept Central Office

February 2008

							Business Office Use
Date	Time In	Time Out	Time In	Time Out	Total	Weekly Ttl	Weekly Ttl
02/02/08							
02/03/08							
02/04/08	7:30 AM	11:30 AM	12:30 PM	4:30 PM	8:00	40:05	40:00
02/05/08	7:32 AM	12:00 PM	1:00 PM	4:32 PM	8:00		
02/06/08	7:30 AM	12:00 PM	1:00 PM	4:30 PM	8:00	39:52	39:45
02/07/08	7:25 AM	12:00 PM	1:20 PM	4:50 PM	8:05		
02/08/08	7:30 AM	12:00 PM	1:00 PM	4:30 PM	8:00	31:50	31:45
02/09/08					0:00		
02/10/08					0:00	34:50	34:45
02/11/08	7:30 AM	12:00 PM	1:00 PM	4:30 PM	8:00		
02/12/08	7:40 AM	11:50 AM	12:50 PM	4:40 PM	8:10	7:45	
02/13/08	7:30 AM	12:00 PM	1:23 PM	4:30 PM	7:37		
02/14/08	7:35 AM	12:00 PM	12:55 PM	4:30 PM	8:00	0:00	
02/15/08	7:30 AM	12:05 PM	1:00 PM	4:30 PM	8:05		
02/16/08						34:50	34:45
02/17/08							
02/18/08	7:30 AM	11:55 AM	12:55 PM	4:35 PM	8:05	4:00	
02/19/08	7:30 AM	12:10 PM	1:10 PM	4:30 PM	8:00		
02/20/08	7:30 AM	12:00 PM	1:00 PM	4:30 PM	8:00	6:50	
02/21/08	7:30 AM	12:00 PM	1:15 PM	4:30 PM	7:45		
02/22/08					0:00	8:00	
02/23/08							
02/24/08						8:00	
02/25/08	7:30 AM	12:15 PM	1:15 PM	4:30 PM	8:00		
02/26/08	7:30 AM	12:00 PM	1:00 PM	4:30 PM	8:00	8:00	
02/27/08	7:30 AM	12:00 PM	1:00 PM	4:30 PM	8:00		
02/28/08	7:30 AM	11:30 AM			4:00	6:50	
02/29/08	7:30 AM	9:40 AM	11:50 AM	4:30 PM	6:50		

Enter the actual Time In/Time Out in the format (h:mm) followed by AM or PM, otherwise it will calculate it incorrectly

Once you have entered your Time In/Time Out for the day, the spreadsheet will automatically add a total # of hours worked for that day.

A total time for the week will automatically get calculated for the entire week.

The Business Office will be rounding to the nearest 15th of an hour (the rule of diminimus)

Write notes on the leave/comp time you will be taking for the month (how much & what days you are applying)

2/28 - approved personal leave/applying 1/2 day of personal leave
 2/29 - attended funeral/applying 1/2 day of comp time

COMMENTS

EMPLOYEE SIGNATURE/DATE

SUPERVISOR'S SIGNATURE/DATE

Actual time in and time out needs to be reported. The Business Office will be rounding to the nearest 15th of a hour (The Rule of Diminimus) in order to be in compliance with the U.S. Department of Labor/Wage and Hour Division

LYFORD CONSOLIDATED INDEPENDENT SCHOOL DISTRICT SUBSTITUTE TEACHER REPORT

Substitute Teacher Report from _____ School _____ DATE _____

For Payroll: complete this form and submit to Human Resource Office each time a substitute teaches.

Substitute Teacher _____ S.S. # _____

Substituted for _____ Teacher ISS

Aide ARD

Grade or Subject _____ Other _____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

(Please enter the amount of hours worked.)

Substitute Teacher Signature

Funding Code

Principal Signature

LYFORD CONSOLIDATED INDEPENDENT SCHOOL DISTRICT SUBSTITUTE TEACHER REPORT

Substitute Teacher Report from _____ School _____ DATE _____

For Payroll: complete this form and submit to Human Resource Office each time a substitute teaches.

Substitute Teacher _____ S.S. # _____

Substituted for _____ Teacher ISS

Aide ARD

Grade or Subject _____ Other _____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

(Please enter the amount of hours worked.)

Substitute Teacher Signature

Funding Code

Principal Signature

To: **Payroll Clerk**
 Pay Date: _____

Lyford C.I.S.D.
Tutor Pay Sheet

Payroll Period/Dates	to _____ Campus : _____					
	Indicate Payroll Month					
Date:	ID#	Description of work	Dates/hours worked	Pay Rate	Total	Funding Account
1					\$ -	
2					-	
3					-	
4					-	
5					-	
6					-	
7					-	
8					-	
9					-	
10					-	
Total Cost					\$ -	

 Employee's Signature

 Supervisor's Signature / Approval

 Business Manager's Signature / Approval

LYFORD CISD Athletic Fund Payment Voucher

GAME INFORMATION

(Please note that failure to fill in ALL information will delay your payment.)

Date of game _____

Lyford vs. _____

Number of games called _____

Grade level	<input type="checkbox"/> Middle School	<input type="checkbox"/> Freshman	<input type="checkbox"/> JV	<input type="checkbox"/> Varsity
	<input type="checkbox"/> Boys	<input type="checkbox"/> Girls		
Sport	<input type="checkbox"/> Football	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Basketball	<input type="checkbox"/> Soccer
	<input type="checkbox"/> Softball	<input type="checkbox"/> Baseball	<input type="checkbox"/> Track	<input type="checkbox"/> Cross-country
	<input type="checkbox"/> Powerlifting	<input type="checkbox"/> _____		

GAME OFFICIALS

Name _____

Social security number _____

Email address _____

Phone number _____

Mailing address _____

Do you have a **W-9** filed with the Business Office? Yes No

(If you answered "No" you will need to fill one out with the Business Office—call 956-347-3901. Please note that failure to have a W-9 on file will result in a delay in payment.)

Did you drive your own vehicle? Yes No

Round trip mileage _____

Job performed _____

Signature

Date

GAME WORKERS (employees only)

Name _____

Four-digit employee # _____

Job performed	<input type="checkbox"/> Maint/Custodian	<input type="checkbox"/> Electrician	<input type="checkbox"/> Pressbox	<input type="checkbox"/> Security
---------------	--	--------------------------------------	-----------------------------------	-----------------------------------

<input type="checkbox"/> Stands (indicate side)	<input type="checkbox"/> Ticket booth (indicate side)	<input type="checkbox"/> Gate keeper (indicate side)	<input type="checkbox"/> _____
---	---	--	--------------------------------

Side	<input type="checkbox"/> West gate	<input type="checkbox"/> East gate
------	------------------------------------	------------------------------------

Signature

Date

FOR OFFICE USE ONLY

Date received in athletics office _____

Date received in business office _____

_____ X Rate _____ = \$ _____

_____ X Rate _____ = \$ _____

I certify that the above expenditure is a necessary obligation of this organization.

Funding code: _____

Athletic Director Date

Date paid out _____

NOTES: _____

LYFORD CONSOLIDATED INDEPENDENT SCHOOL DISTRICT PERSONNEL ABSENCE REPORT

**Each employee must submit a Personnel Absence Report immediately upon returning to duty.
If employee not available for signature, form may be signed by supervisor. Absence will be recorded.**

SECTION I: EMPLOYEE

Days absent are used in the following order:

(A) Local Prior Year
 (B) Local Current Year
 (C) State Sick Leave Prior Year
 (D) Personal Leave

1. Name _____

2. Position _____

3. Identification Number (ID#) _____ **(PLEASE VERIFY EMPLOYEE IDENTIFICATION NUMBER)**

4. _____ Lyford High School	_____ HR Office	_____ Curriculum Office
_____ Lyford Middle School	_____ Food Service	_____ Technology Dept.
_____ Lyford Elementary	_____ Business Office	_____ Police Department
_____ Even Start Department	_____ Tax Office	_____ Transportation
_____ Media Center	_____ Sp.Ed. Office	_____ Maintenance
_____ Superintendent's Office	_____ Athletic Office	_____ Custodial

5. Number of days absent _____ Date(s) of Absence _____

6. Check the item below which applies to your absence.

- | | |
|--|---|
| <p>_____ 1. Illness 1-5 days</p> <p>_____ 2. Illness 6 days or more*</p> <p>_____ 3. Family illness</p> <p>_____ 4. Funeral</p> <p>_____ 5. Emergency-unforeseen circumstances</p> <p>_____ 6. Dental/Medical Appointment</p> <p>_____ 7. Approved personal leave</p> <p>_____ 8. Jury Duty</p> <p>_____ 9. School sponsored event</p> <p>_____ 10. Employee training</p> <p>_____ 11. In-school meetings / ARD's</p> <p>_____ 12. Other - Counts Toward Leave</p> | <p>_____ 13. Vacation</p> <p>_____ 14. Non-Working Days</p> <p>_____ 15. Comp-Time- verified by payroll office</p> <p>_____ 16. Assault Leave -Determined by HR</p> <p>_____ 17. FMLA</p> <p>_____ 18. Wrkrs. Comp / No Leave Deducted</p> <p>_____ 20. Dock-Supervisor Request</p> <p>_____ 21. Military Leave</p> <p>_____ 22. Suspension With Out Pay</p> <p>_____ 23. Suspension With Pay</p> <p>_____ 24. Wrkrs. Comp / Leave Deducted</p> <p>_____ 25. Emergency / Disaster Release</p> |
|--|---|

*** A written statement from your physician is required if you miss more than 5 consecutive days of work due to illness. Extended absences will result in FMLA placement.**

 Employee's Signature _____
Date

Comments: _____

SECTION II: ADMINISTRATION

<u>Name of Substitute</u>	<u>ID Number</u>	<u>Date</u>
---------------------------	------------------	-------------

Principal's / Supervisor's Signature _____



LYFORD CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

Eduardo Infante Superintendent

Post Office Drawer 220 - Lyford TX 78569-0220 - (956)347-3521 - Fax (956)347-5201

BOARD OF TRUSTEES
 Alison Busse Savage - President
 Priscilla M. Garcia Lopez- Vice President
 Viola Z. Vela - Secretary
 Marina Quilantan-Rivera - Trustee
 Cruz Salinas - Trustee
 Arnold Cortez - Trustee
 Joey Mendoza - Trustee

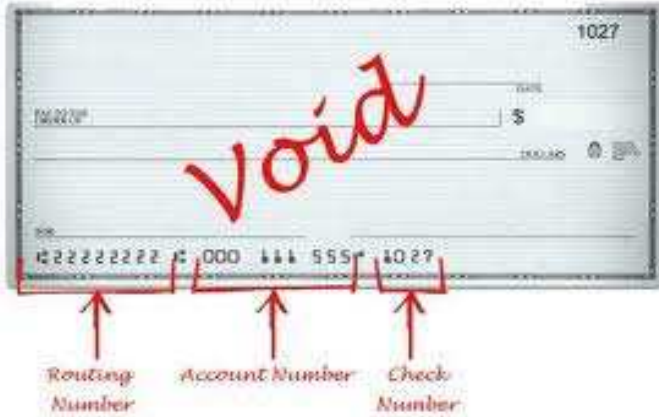
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

For the purpose of direct deposit only, I hereby authorize Lyford CISD and the depository (bank) named below to initiate direct deposit (credit) entries and correction (debit) entries to the depository account listed below. This authorization is to remain in effect until the District has received written notification from me of its termination in such manner as to afford the District and the bank a reasonable opportunity to act on the termination notice.

I agree and understand that it is my responsibility to verify that payments have been credited to my account and that Lyford CISD assumes no liability for overdrafts for any reason. In the event my financial institution is not able to deposit any electronic transfer into my account due to any action I take, Lyford CISD cannot issue funds to me until the funds are returned to Lyford CISD by my financial institution.

This form must be received by the Payroll Office **seven (7) days** prior to the date of payroll for the month in which it will be effective, with a copy of your **voided personalized check**.

ATTACH YOUR VOIDED CHECK HERE



DEPOSIT SLIPS WILL NOT BE ACCEPTED

For Office Use Only:

Bank Code: _____	Amount: _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Code: _____	Amount: _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Code: _____	Amount: _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Code: _____	Amount: _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Employee Printed Name: _____ Employee ID Number: _____

Employee Signature: _____ Date: _____

Submit form to:
Criselda Quilantan ~ Lyford CISD Payroll Office
956-347-3901 ext. 248
956-347-3921 Fax

Visit us on the web at
www.lyfordcisd.net



CANCELLATION OF AUTHORIZATION AGREEMENT
FOR DIRECT DEPOSIT

I hereby cancel my authorization agreement for direct deposit which was made for the purpose of direct deposit of payroll checks only. This cancellation must be received in the payroll office of Lyford CISD **seven (7) days** prior to the date of payroll for the month in which it will be effective.

I understand that should this form not be completed and not received **seven (7) days** prior to the date of payroll for the month, 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 month.

 Name of bank to be cancelled

 Effective date of cancellation

 Account Number

Employee Printed Name: _____

Employee ID Number: _____

Employee Signature: _____

Date: _____

Submit form to:
Criselda Quilantan ~ Lyford CISD Payroll Office
956-347-3901 ext. 248
956-347-3921 Fax

Visit us on the web at
www.lyfordcisd.net

Exhibit H – W-4 Form

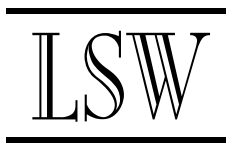
This form can be found in the Lyford Business Office – Forms website.

You can also download the IRS W-4 Form by clicking [HERE](#) or copy and paste the following address on your web browser: <http://www.irs.gov/pub/irs-pdf/fw4.pdf>.

Exhibit I – W-5 Form

This form can be found in the Lyford Business Office – Forms website.

You can also download the IRS W-5 Form by clicking [HERE](#) or copy and paste the following web address on your web browser: <http://www.irs.gov/pub/irs-pdf/fw5.pdf>.



**FICA Alternative Retirement Plan
Automatic Enrollment Notification and Change Form**
Life Insurance Company of the Southwest (LSW)

For Part-Time, Temporary and Seasonal Employees (PTS) of:

Your employer has automatically enrolled you in their FICA Alternative Retirement Plan ("Plan"). Information contained in your Employer's payroll records will be used for Plan purposes unless you provide different information below and send it to National Benefit Services at the address shown on the reverse side of this form. Important information concerning the Plan is provided below. If you have any questions please call NBS at the number shown on the reverse side of this form.

To provide for benefits under this Plan, I understand my Employer will deduct from each of my payroll checks beginning immediately, 7.5% of my gross compensation ("Deferred Compensation"). These monies will be placed in a Trust created by my Employer specifically for this purpose ("trust").

My benefits under the Plan are to be determined as if my Deferred Compensation were funded in the following manner: 100% to a Group Annuity Policy with Life Insurance Company of the Southwest (LSW)

Important items that you should understand about the Plan:

1. This Plan has been adopted as an alternative retirement plan to Social Security for part-time, temporary, and seasonal employees.
2. Benefits under this Plan will be provided to you in the form of an account balance consisting of your Deferred Compensation, plus earnings, minus losses or withdrawals. Further information about the LSW annuity contract in which Plan funds are held is on the back of this form.
3. The LSW Group Annuity listed above will be owned by the Trust and will be used by the Trust to provide benefits under the Plan. You will not have any ownership or control over the Trust. Your Employer does not guarantee the performance of the Trust.
4. If you are married, your beneficiary under the Plan will automatically be your spouse. Otherwise, your beneficiary is automatically your estate. You must change your beneficiary as provided in this form if you do not want your benefits to be paid in this manner.
5. The Plan Document is available for your review. Your rights and those of your beneficiary(ies), and the Employer's obligations under the Plan are set forth in the Plan Document. The terms, conditions and provisions of the Plan are hereby incorporated into this Enrollment Form.

You Do Not Have To Complete Anything Below Unless You Want To Change Your Beneficiary Or Other Information

To Make Changes Check One: New Enrollment Address Change Beneficiary Change Name Change

1. Participant Information (Always Complete This Section)

Employee Name (Last, First, Middle) _____ Male Female
 Home Address _____ City _____ State _____ Zip _____
 Social Security No. _____ Date of Birth _____
 Home Phone (_____) _____ Work Phone (_____) _____

2. Beneficiary Designation (Complete For Change in Beneficiary)

The designation(s) below revoke any prior designation(s) which are in effect for this Plan and will remain in effect until such time as revoked by me in writing. I understand that absent a written designation any benefits that become payable to me will be paid to my lawful spouse or, if none, to my estate. I further understand that nothing in this Agreement shall be construed as providing benefits that are not payable under the Plan, and I hereby affirm my understanding of the items listed under the Salary Deferral Election above.

NOTE: Your Spouse, if you are married, must sign the Spousal Consent on the back of this form if someone other than your Spouse is named as the Primary Beneficiary for the change to be effective.

Primary Beneficiary Name: _____ Relationship: _____
 Home Address _____ City _____ State _____ Zip _____
 Social Security No. _____ Date of Birth _____



TEACHER RETIREMENT SYSTEM OF TEXAS
1000 RED RIVER STREET
AUSTIN, TEXAS 78701-2698
(512) 542-6400 OR 1-800-223-8778

TRS 358
Rev. 04-10

CHANGE OF ADDRESS NOTIFICATION

SOCIAL SECURITY NUMBER:

Your Social Security number is necessary for identification of your TRS account.

NAME: _____
(Please print in black ink or type)

OLD MAILING ADDRESS:

City, State Zip Code

NEW MAILING ADDRESS:

City, State Zip Code

Telephone Number: _____

Signature _____
(Required before address will be updated.) **Date signed**



Lyford CISD – Human Resource Office

Eduardo Infante, Superintendent

Rolando L. Flores, Human Resource Director

P.O. Box 220, Lyford, TX 78569 • Phone (956) 347-3902 • Fax (956) 347- 3922

DEMOGRAPHIC INFORMATION UPDATE

Date of Request _____ **Local ID #** _____

Employee Name _____
(please print)

Employee Signature _____

Address _____

City, State, Zip _____

Telephone Number **Home** | _____ | **Cell** | _____

This section for substitute teachers only

Indicate Campus Preference All LES LMS LHS **check all that apply**

Note:

Original request must be turned in to the Human Resource Office.

All information provided will be kept confidential unless otherwise notified by the employee. Information provided will be used for personnel and payroll purposes. A change in address requires A change in W-4, TRS and Insurance documentation. Please contact the HR Office, Payroll or Benefits Office for assistance. We may be also be contacted via email.

HUMAN RESOURCE OFFICE USE ONLY

Date Received _____

Date Change Made _____

No change _____

Secretary Signature _____



Lyford CISD – Business Office

Cris Quilantan, Payroll Clerk

Jessica Candelario, Benefits Clerk

P.O. Box 220, Lyford, TX 78569 • Phone (956) 347-3901 • Fax (956) 347- 3921

**Request for Records in Payroll / Benefits File
(Please Print)**

Date of Request: _____

Employee Name: _____

Employee ID #: _____ Phone Number: _____

I, the above named employee, hereby request for copies of the following documents located in my payroll / benefits file.

NOTE: Only records indicated below will be provided. All requests will be completed within 5 to 10 business days or earlier. You will be notified when your request is completed.

(Please check each item being requested)

W-2 Forms	Insurance Information	
W-4 Forms	TRS Information	
Copy of Check Stubs	ACP Program Information	
Copy of Time Sheets	Annuities	
Letter of Payroll Verification	Student Activity	
Copy of Extra Duty Forms	Leave Information	

Please specify reason for request:

- Personal Retirement Employment Verification
 Medical Dispute Other

Employee Signature: _____

Clerk Signature: _____

Date Request Completed: _____

Delivered copies:

- Pick Up Regular Mail



LYFORD CISD



2014-2015 SCHOOL YEAR

<i>Pay Date</i>	<i>Period Beginning</i>	<i>Period Ending</i>	<i>Due to Campus Secretary & HR Office</i>	<ul style="list-style-type: none"> ◆ All payroll calendar cut off dates shall be met accordingly. ◆ Time sheets and extra duty pay sheets are turned into the Business Office. Absence forms for monthly employees will need to be turned into the Business Office <u>no later than the due date.</u> ◆ Work week begins Saturday 12:00 a.m. through Friday 11:59 p.m.
09/19/14	08/02/14	08/29/14	09/01/14	<ul style="list-style-type: none"> ◆ <u>An Employee must have supervisor approval, before taking any leave.</u> ◆ Full time permanent employees earn ½ day state and ½ day local personal leave for every 36 days worked OR 2.5 days state and 2.5 days local personal leave per semester (whichever is less). Part-time staff earn ½ day state personal leave for every 36 days worked OR 2.5 days state personal leave per semester. ◆ <u>Leave shall be recorded in whole workdays or half workdays only, (except in accordance with provisions for intermittent leave with FMLA.)</u> ◆ <u>Any work-related injuries are to be reported immediately to the immediate supervisor and the Worker's Compensation Representative located at Business Office.</u>
10/20/14	08/30/14	09/26/14	09/29/14	
11/20/14	09/27/14	10/31/14	11/03/14	
12/19/14	11/01/14	11/28/14	12/01/14	
01/20/15	11/29/14	12/26/14	01/05/15	
02/20/15	12/27/14	01/30/15	02/02/15	
03/13/15	01/31/15	02/27/15	03/02/15	
04/20/15	02/28/15	03/27/15	03/30/15	
05/20/15	03/28/15	05/01/15	05/04/15	
06/19/15	05/02/15	05/29/15	06/01/15	
07/20/15	05/30/15	06/26/15	06/29/15	<ul style="list-style-type: none"> ◆ The <u>Request form for Payroll/Benefits Information</u> is available on the Lyford CISD Business Office website. This form will need to be completed if the employee is requesting information for a copy of check stubs, deductions, W-2's...etc. ◆ All employees must maintain updated personal information (ex: phone numbers, addresses, payroll deductions) with the Payroll department. These changes will effect your IRS, W-2, Teacher Retirement System, and health insurance. ◆ Lyford CISD does not deduct FICA (social security) taxes since the district participates with TRS. The school district provides a FICA Alternative Retirement Plan for all ineligible TRS members such as substitutes and temporary employees (except retired teachers). An enrollment form will need to be completed and submitted to the Payroll department. ◆ Payroll Direct Deposit is available. ◆ Lyford CISD offers a Holiday and Summer Spree Savings Plan to all employees considering to set aside money.
08/20/15	06/27/15	07/31/15	08/03/15	

CRISELDA QUILANTAN

Payroll Clerk
 cris.quilantan@lyfordcisd.net
 Ext. 248

JESSICA CANDELARIO

Benefits Clerk
 jessica.candelario@lyfordcisd.net
 Ext . 321

LUCY ESPARZA

District PEIMS Clerk
 lucy.esparza@lyfordcisd.net
 Phone:(956)347-3902 x 315/Fax: (956)347-3922



LYFORD CISD



2014-2015 SCHOOL YEAR

Pay Date	Period Beginning	Period Ending	Due in Business Office	
09/15/14	08/16/14	08/29/14	09/01/14	<ul style="list-style-type: none"> ◆ All payroll calendar cut off dates shall be met accordingly. ◆ Time sheets and extra duty pay sheets are turned into the Business Office. Absence forms for monthly employees will need to be turned into the Business Office <u>no later than the due date.</u> ◆ Work week begins Saturday 12:00 a.m. through Friday 11:59 p.m. <u>An Employee must have supervisor approval, before taking any leave.</u> ◆ Full time permanent employees earn ½ day state and ½ day local personal leave for every 36 days worked OR 2.5 days state and 2.5 days local personal leave per semester (whichever is less). Part-time staff earn ½ day state personal leave for every 36 days worked OR 2.5 days state personal leave per semester. ◆ <u>Leave shall be recorded in whole workdays or half workdays only, (except in accordance with provisions for intermittent leave with FMLA.)</u> ◆ <u>Any work-related injuries are to be reported immediately to the immediate supervisor and the Worker's Compensation Representative located at Business Office.</u> ◆ The <u>Request form for Payroll/Benefits Information</u> is available on the Lyford CISD Business Office website. This form will need to be completed if the employee is requesting information for a copy of check stubs, deductions, W-2's...etc. ◆ All employees must maintain updated personal information (ex: phone numbers, addresses, payroll deductions) with the Payroll department. These changes will effect your IRS, W-2, Teacher Retirement System, and health insurance. ◆ Lyford CISD does not deduct FICA (social security) taxes since the district participates with TRS. The school district provides a FICA Alternative Retirement Plan for all ineligible TRS members such as substitutes and temporary employees (except retired teachers). An enrollment form will need to be completed and submitted to the Payroll department. ◆ Payroll Direct Deposit is available. ◆ Lyford CISD offers a Holiday and Summer Spree Savings Plan to all employees considering to set aside money. ◆ For more information, visit our website at www.lyfordcisd.net.
09/30/14	08/30/14	09/12/14	09/15/14	
10/15/14	09/13/14	09/26/14	09/29/14	
10/30/14	09/27/14	10/10/14	10/14/14	
11/14/14	10/11/14	10/31/14	11/03/14	
11/25/14	11/01/14	11/14/14	11/17/14	
12/15/14	11/15/14	11/28/14	12/01/14	
12/30/14	11/29/14	12/12/14	12/15/14	
01/15/15	12/13/14	12/26/14	01/05/15	
01/30/15	12/27/14	01/09/15	01/12/15	
02/13/15	01/10/15	01/30/15	02/02/15	
02/27/15	01/31/15	02/13/15	02/16/15	
03/13/15	02/14/15	02/27/15	03/02/15	
03/30/15	02/28/15	03/13/15	03/23/15	
04/15/15	03/14/15	03/27/15	03/30/15	
04/30/15	03/28/15	04/10/15	04/13/15	
05/15/15	04/11/15	05/01/15	05/04/15	
05/29/15	05/02/15	05/15/15	05/18/15	
06/15/15	05/16/15	05/29/15	06/01/15	
06/30/15	05/30/15	06/12/15	06/15/15	
07/15/15	06/13/15	06/26/15	06/29/15	
07/30/15	06/27/15	07/10/15	07/20/15	
08/14/15	07/11/15	07/31/15	08/03/15	
08/28/15	08/01/15	08/14/15	08/17/15	

Phone:956-347-3901/Fax: 956-347-3921

CRISELDA QUILANTAN
Payroll Clerk
cris.quilantan@lyfordcisd.net
Ext. 248

JESSICA CANDELARIO
Benefits Clerk
jessica.candelario@lyfordcisd.net
Ext . 321