



NEW SUPPORT STAFF CHECK LIST

Please print ALL items on this list.

The following items are necessary for you to complete for payroll purposes and to maintain a personnel file on each employee. All paperwork must be read, completed, and **returned by 7/21/11 in order to receive a check on 9/15/11.

Please call Melody Gregory @ 924-3701 to make an appointment to review your paperwork when you are ready to submit everything. **DO NOT DROP OFF YOUR PAPERWORK AND LEAVE.** It is necessary for me to meet with you to review all paperwork.

Non-Certified (Support Staff)

___ 1. **SERS INFO - PAGE 1** - All non-teaching staff in the State of Ohio are required to belong to the School Employees Retirement System. The employee pays 10% of their gross earnings and the Board of Education pays 14% on the employee's gross earnings. **PLEASE NOTE THE RETIREMENT AMOUNT DEDUCTED FROM YOUR PAY CHECK IS NOT TAXED.**

___ 2. **SERS ENROLLMENT FORMS - PAGE 2** - **BOTH** forms must be completed even if you are already a member of SERS. This form notifies you that FICA is not deducted from your paycheck. **THIS FORM IS MANDATORY.**

___ 3. **FINGERPRINTING** - This is required by **ALL** staff. Please be sure to have your fingerprints processed early so that they are received by the district prior to your first day of work. **THIS IS MANDATORY.**

___ 4. **PAYTYPE** - ALL STAFF are paid on the 1st and 15th of each month.

___ 5. **DIRECT DEPOSIT - PAGES 1 & 2** - **DIRECT DEPOSIT OF YOUR PAYCHECK IS MANDATORY.** EMAIL NOTIFICATION of your check stub is also mandatory. Please read the info and complete the form.

___6. **MADEIRA EMAIL ACCOUNT** - Every employee is required to have an email address in order to receive their pay stub, payroll and benefit information as well as information regarding daily operations. Your information will be forwarded to our Network Manager, Becky Reiser, who will set you up with an email account. If you have not heard from Becky by August 1st, please contact her at: becky@madeiracityschools.org

___7. **RACE & CONTACT INFO** - The Ohio Department of Education requires every public school district to report numerous pieces of information on our staff. Please complete this form. **THIS IS MANDATORY.**

___8. **TSA** - Approved list of Tax Sheltered Annuity Companies. Both 403b and 457. There is a comparison brochure to show the differences between a 403b and a 457 plan. You may start or stop a plan at any time, however, please allow 30 days for the deduction to start or stop on your paycheck.

___9. **2011-2012 SUPPORT SALARY SCHEDULE** - Please refer to this schedule to determine rates of pay and benefits. The salary schedule will be added after it has been approved by the board.

___10. **ANTHEM LIFE INSURANCE ENROLLMENT FORM** - The Board provides Term Life Insurance to full-time staff in the amount of one times your base salary, (or a minimum of \$40,000) at **NO COST TO YOU**. Employees working part-time (20-34.99 hours per week) will be provided with \$25,000 Term Life Insurance. There is no medical history required and the coverage is guaranteed. Complete the enrollment form. **THIS IS MANDATORY.**

___11. **I9-FORM - PAGES 1&2** - You are required to provide **(IN PERSON)** two forms of identification. Please refer to the list of acceptable forms of identification. Please bring your two items of ID and the completed form when you meet with Melody. If Melody is not available, Lora Riblet can copy and accept your paperwork. Please be sure to review the acceptable forms of ID to avoid having to make a second trip. **THIS IS MANDATORY.**

___12. **FRINGE BENEFITS** - List of benefits and rates offered by Madeira City Schools.

___13. **DISABILITY INSURANCE** - The Board will provide disability insurance to all employees who have less than 5 years of service credit with School Employees Retirement System. There is no cost to the employee. Please complete the form. **THIS IS MANDATORY.**

___14. **AMERICAN FIDELITY - SECTION 125** - **ALL** staff who work 20 or more hours per week are required to sign an acceptance or waiver form for Section 125. Billy will return to MHS on August 12th to meet with new staff. Please sign up for an appointment between 8:30 am - 12pm on 8/12 when you meet with Melody. If you have any questions, please contact Billy Boehme at 252-6777. Additional insurance products such as Long-Term Care, Disability, Voluntary Life Insurance, and Accident Insurance are available through American Fidelity if you are interested. These products are paid by the employee.

___ 15. **AMERICAN FIDELITY - FLEXIBLE SPENDING ACCOUNT** - A Flexible Spending Account (FSA) allows you to reduce your salary to pay for eligible health care and dependent care expenses on a tax-free basis. The money deposited into a flexible spending account is never taxed at the federal or state level. Your salary is reduced by an amount you specify at the beginning of the plan year. The plan year starts **September 15, 2011 and ends September 15, 2012. DEBIT CARDS WILL BE AVAILABLE AGAIN THIS YEAR! DEBIT CARDS ARE FREE THIS YEAR!** Be sure to ask the AF Rep (Billy) for more info! Direct deposit of your reimbursement is now **MANDATORY**. The form to sign up is located on our website or you can get one from Billy when you meet with him.

___ 16. **OHIO DEPT OF PUBLIC SAFETY SECURITY FORM** - Please complete form and return with your paperwork. **THIS IS MANDATORY.**

___ 17. **MANDATORY MEDICARE COVERAGE** - Congress passed H.R. 3128 which requires mandatory Medicare coverage for all employees hired after March 1, 1986. The contribution rate for this coverage is 1.45% of your gross earnings. The Board also will pay 1.45% on your gross earnings. This will be an automatic deduction on your paycheck.

___ 18. **VERIZON FORM** - 15% discount available to all employees, see flyer.

___ 19. **AUL VOLUNTARY LIFE INS** - Staff working 20 or more hours per week are guaranteed \$100,000 or 5x your annual salary (not to exceed \$100,000) provided the new employee enrolls within the first 30 days of employment. This is a voluntary life insurance policy, the employee is responsible for the premium.

___ 20. **SICK LEAVE - AESOP** - Each full-time employee accumulates 15 days of sick leave per year up to a maximum of 220 days. If you have days accumulated at another **OHIO** school, please contact that school and have the days forwarded to Madeira City Schools, ATTN: Melody Gregory. Fax #: 985-6072. Effective July 1st, 2010, part-time staff will accumulate sick leave based on the # of days worked per week. For example: 5 days = 1.25 per month, 4 days = 1.00 per month, 3 days = .75 per month, 2 days = .50 per month, 1 day = .25 per month.

NOTE: Sick leave can only be documented in quarter increments.

Example:

0-2 hours = .25,

2+-4 hours = .50,

4+-6 hours = .75,

6+-8 hours = 1.00

**Sick and/or Personal Leave cannot be carried over to multiple days. Example: Kasey Smith has a doctor's appointment on Wednesday and needs to leave an hour early. Kasey also has a dentist appointment on Friday and needs to leave an hour early. Since we dock in quarter increments and time off cannot be carried over to multiple days, Kasey would have $\frac{1}{4}$ of day deducted from her sick bank for Wednesday and $\frac{1}{4}$ of a day deducted for Friday.

Madiera City Schools uses the **AESOP** program to report absences. **ALL STAFF ARE REQUIRED TO USE AESOP TO REPORT AN ABSENCE. PLEASE FAMILIARIZE YOURSELF WITH THE PROGRAM BEFORE YOU BECOME ILL. PLEASE CONTACT LORA RIBLET FOR ANY QUESTIONS ON HOW TO USE THIS PROGRAM. LORA CAN BE REACHED AT EXT # 1330.**

___ 21. **PERSONAL LEAVE** - Each employee has 3 personal days per year. You may use these days at your discretion, however, please review the personal leave policy located on our website in regards to guidelines and limitations. Personal days must be entered into **AESOP FOR APPROVAL**. Your building supervisor will receive the **AESOP** request and approve or deny your requested day. If your day is approved you will receive an email from me indicating this. If your day has been denied, you will receive an email indicating the day has been denied.

NOTE: Personal leave can only be documented in quarter increments.

Example:

0-2 hours = .25,

2+-4 hours = .50,

4+-6 hours = .75,

6+-8 hours = 1.00

___ 22. **CREDIT UNION** - Payroll Deductions are available for the Valley Council Credit Union and Hamilton County School Employees Credit Union.

ANTHEM

___ 1. **ANTHEM ENROLLMENT FORMS - PAGES 1 & 2** - Please be sure to complete and sign the form. Anthem offers a single or family plan. See Fringe Benefits rate sheet for premiums. Coverage will begin on your first day of employment. If you will be covered by your former employer thru August 31st, 2011, please let me know this and we will start your benefits on September 1st, 2011.

Please print the rest of the Anthem information so that you know what the insurance covers and how it works. If you have any questions, we will review them when you submit your paperwork.

DENTAL CARE PLUS

___ 1. **DENTAL INSURANCE** - The Board provides dental insurance through Dental Care Plus to all full-time employees at **NO COST TO YOU**. The Board will pay 50% of the cost of dental insurance for part-time employees. See the Fringe Benefits rate sheet regarding costs. If you will be covered by your former employer thru August 31st, 2011, please let me know this and we will start your benefits on September 1st, 2011.

Dental Care Plus also includes a discounted eye care program. Please review to see how it works and what providers you can visit.

Please print all dental information so that you know what the insurance covers and how it works. If you have any questions, we will review them when you submit your paperwork.

VISION BENEFITS OF AMERICA

___1. **VISION INSURANCE** - The Board provides full-time and part-time staff the opportunity to purchase vision insurance through Vision Benefits of America. You are responsible for paying 100% of the premium. Please see the Fringe Benefits rate sheet regarding costs. If you will be covered by your former employer thru August 31st, 2011, please let me know this and we will start your benefits on September 1st, 2011.

Please print all vision information so that you know what the insurance covers and how it works. If you have any questions, we will review them when you submit your paperwork.

TIME SHEETS

___1. **TIME CARD SCHEDULE** - Please refer to this when completing your time sheet. This will indicate what per period is being paid, when to submit your time sheet and what date it will be paid.

___2. **TIME SHEET** - You can get extra time sheets from your building secretary.

TAX FORMS

___1. **W-4 FORM** - the W-4 is for Federal Income Tax. Please complete and sign the form. **THIS FORM IS MANDATORY.**

___2. **IT-4** - IT-4 is for Ohio State Income Tax. If you need to deduct KY State Tax - please call 1-859-371-9049. The KY State Tax Dept can help you determine how much money should be deducted from your check each pay. Once you have made this determination, please put it in writing and submit with your paperwork. **THIS FORM IS MANDATORY FOR ALL OHIO RESIDENTS.**

___3. **CITY TAX** - As an employee of Madeira City Schools 1% Earnings Tax for the City of Madeira is automatically deducted from your pay check. If you live in a community that also has an earnings tax we can also withhold this tax from your check. Please complete the enclosed form.

When you have read and completed all of your forms, please call Melody Gregory @ (513) 924-3701 and **make an appointment** to review and submit your forms. **DO NOT DROP OFF YOUR PAPERWORK AND LEAVE. IT IS IMPORTANT THAT WE REVIEW SEVERAL ITEMS IN YOUR PACKET. I WILL HAVE APPOINTMENTS AVAILABLE FROM JULY 18TH - JULY 21ST. PLEASE CALL TO MAKE YOUR APPOINTMENT WHEN YOU HAVE COMPLETED YOUR FORMS.**

If you have any questions concerning your pay, benefits or any other item please feel free to call or email Melody Gregory, Assistant Treasurer.

Extension: #1332

Direct line: 924-3701

Email: melody@madeiracityschools.org

WELCOME TO MADEIRA