



MADEIRA CITY SCHOOLS CLASSIFIED SUPPORT STAFF CHECK LIST

Welcome to Madeira City Schools! My name is Melody Gregory and I am the Payroll and Benefits Coordinator for the District.

The following items are necessary for you to complete for payroll purposes and to maintain a personnel file on each employee. Please print the **Classified Check List** to ensure you don't miss anything. All paperwork must be read, completed, and **returned by August 3rd, 2018, in order to receive compensation in a timely manner.** Anyone who enrolls in an insurance plan or any plan that requires a monthly payroll deduction would have to be set up on stretch pay (your salary divided over 24 pays). Stretch pay begins on 9/15 of each year and goes through 9/1 of the following year. Some positions do have a different stretch pay start date. We will discuss this when you submit your paperwork.

Please COMPLETE ALL PAPERWORK before you schedule your meeting.

IT IS IMPERATIVE THAT YOU FOLLOW THE CHECK LIST AND COMPLETE ALL PAPERWORK BEFORE YOU MAKE AN APPOINTMENT. THIS INCLUDES ANY INSURANCE ENROLLMENT FORMS FOR PLANS YOU WISH TO ENROLL IN. (Medical, Dental, Vision, Voluntary Life Ins)

Your appointment time is for reviewing your paperwork and making necessary copies. It is not the time to complete your paperwork as it can take 1-2 hours to complete all of the paperwork and assemble the necessary personal paperwork that you will need to bring with you.

Please be sure to bring your Driver's License & Social Security Card or Passport. Also, your marriage license, birth certificates and social security cards for any dependents you wish to enroll in any of the health benefit plans will be needed at your appointment. In addition, copies of your BCI & FBI background checks that are not more than one year old will be needed at the meeting. Otherwise, please be sure you have had them done before we meet. Please tell them to send a copy to Madeira City Schools, Attention: Melody Gregory.

When completed, please call me @ 924-3701 or email me to make an appointment to review your paperwork when you are ready to submit everything. Appointments are available from **July 31st – August 3rd, 2018.**

DO NOT DROP OFF YOUR PAPERWORK AND LEAVE.

You are required to meet with the Payroll and Benefits Coordinator to review all paperwork.

NEW SUPPORT STAFF CHECK LIST

ALL PAYROLL AND BENEFIT PAPERWORK CAN BE FOUND ON OUR WEBSITE. PLEASE FOLLOW THE DIRECTIONS BELOW TO FIND THE PAPERWORK:

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Go To: www.madeiracityschools.org

Click On: Human Resources drop down menu

Click On: Human Resources Forms and Documents

Go To: right side of page, gray boxes titled "All New Staff", "Classified Staff", "Insurance Enrollment". You will be completing forms in those sections.

1. **GENERAL APPLICATION** – Complete, sign, and date.

2. **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. If you have a copy of your BCI and/or FBI that is within the past 12 months of your date of hire, you may submit a copy when we meet. If you are in the process of receiving your first initial license or permit, background checks must be processed by an authorized webcheck service, sent to the Ohio Department of Education electronically and a copy to Madeira City School District.

3. 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. The IT Department will set up an email account for you. If you have not heard from Matt by August 6th, please contact him at: mjones@madeiracityschools.org.

4. 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.

5. 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 I-9 form when you meet with Melody. If Melody is not available, Lora Grazianai or Trish Niehaus can copy your IDs. Please be sure to review the acceptable forms of ID to avoid having to make a second trip.

6. CONTACT & RACE INFO – The Ohio Department of Education requires every public school district to report numerous pieces of information on our staff. Please complete this form.

7. 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.

8. AUDITOR OF STATE – FRAUD HOTLINE – Read and sign form to indicate you received this information. .

9. AUDITOR OF STATE – OHIO ETHICS LAW: We are required to provide you with the 26 page OHIO ETHICS LAW. You will need to print the form and sign it to indicate you have been provided with the Ohio Ethics Law. You do not need to print the 26 pages of the Ethics Law. The Ethics Law is located on our website.

10. FEDERAL TAX/W-4 FORM – the W-4 is for Federal Income Tax. Please complete and sign the form.

11. STATE TAX/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. **THE IT-4 FORM IS MANDATORY FOR ALL OHIO RESIDENTS.**

12. CITY TAX - As an employee of Madeira City Schools 1% Earnings Tax for the City of Madeira is automatically deducted from your pay check. City tax will only be withheld from your pay check if there is an active account with employees already having it withheld. Otherwise, you will be responsible for filing your city tax annually as you do your federal and state taxes.

13. SERS MEMBERSHIP FORM – 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% of the employee's gross earnings. **PLEASE NOTE THE RETIREMENT AMOUNT DEDUCTED FROM YOUR PAY CHECK IS NOT TAXED.**

14. SERS MEMBERSHIP FORM – PAGE 2 - BOTH forms must be completed even if you are already a member of SERS. This form notifies you that FICA/Social Security is not deducted from your paycheck. **BE SURE TO WRITE YOUR NAME AND SSN ON THE TOP OF THIS FORM.**

15. TIME CARD SCHEDULE – Please refer to this when completing your time sheet. This will indicate what pay period is being paid, when to submit your time sheet and what date it will be paid. You will also receive an email reminding you when to submit your electronic time sheet. Late time sheets will result in your compensation being delayed.

16. TIME SHEET – You will receive an email with directions on how to complete your time sheet and how to submit it. We are in the process of changing our current procedure.

17. HEALTH INSURANCE EXCHANGE OPTIONS - You must print this and keep for your records. All new staff are required to receive this information.

18. RECEIVED HEALTH INSURANCE OPTIONS: - You must print, date, and sign this form to indicate you have received the Health Insurance Exchange Options.

MANDATORY PERMIT:

1) ONE YEAR EDUCATIONAL PERMIT - Any Educational Aide; special education, optional kindergarten, preschool aide needs to hold either an active Professional License or Certificate, substitute license, or educational aide permit issued by the Ohio Department of Education.

Educational Aides must have an active Permit or License issued by the Ohio Department of Education by the start of employment with the district. To apply for the Educational Aide permit, go the <http://education.ohio.gov/>. The first step is to establish a SAFE account. On the ODE website, click on SAFE and follow the prompt to establish a SAFE account. Once SAFE account is established, go to ODE.CORE to submit application either new or renewal. The district IRN is 044289. This will be required for completion of the application. The application must be paid for online to complete the submission. ODE will issue the application upon receipt of payment and confirmation of up to date FBI and BCII background checks.

Informational Paperwork:

1. FRINGE BENEFITS – List of benefits and rates offered by Madeira City Schools.

2. 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.

3. PAYTYPE – ALL STAFF are paid on the 1st and 15th of each month. If the 1st or 15th falls on a weekend or holiday, pay day will be the day before.

4. AESOP/SICK LEAVE - Each full-time employee accumulates 15 days of sick leave per year up to a maximum of 260 days.

Effective October 2011 part-time staff will accumulate sick leave based on the hours worked.

**For every 80 hours worked the part-time employee whose position is based on an 8 hour day will accumulate .575 of sick leave. For the part-time employee whose position is based on a 7 hour day will accumulate .657 of sick leave. The maximum days that can be accrued for part-time staff is 260 days.

**A position could be 7-8 hours a day but only 2 or 3 days a week, for example, an educational assistant's position is based on a 7 hour day, however, the position is driven by the needs of the student, so the employee may only work 4 hours a day, but the sick leave accumulation will be based on the 7 hour position and will accrue .657 for every 80 hours worked.

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

If you work:

4 hours per day – 1 hour is a quarter day

5 hours per day – 1.25 hours is a quarter day

6 hours per day – 1.5 hours is a quarter day

7 hours per day – 1.75 hours is a quarter day

8 hours per day – 2 hours is a quarter day

**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 ¼ of a day deducted from her sick bank for Wednesday and ¼ of a day deducted for Friday.

Madeira 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 GRAZIANI FOR ANY QUESTIONS ON HOW TO USE THIS PROGRAM. LORA CAN BE REACHED AT EXT # 1330.**

5. 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 Aesop 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

6. CREDIT UNION - Payroll Deductions are available for the KEMBA (513-762-1641) and the Cincinnati Police Federal Credit Union. (513-381-2677)

7. NAME CHANGE GUIDELINES – To change your last name due to a marriage or divorce, you must present your social security card which shows your new name to Melody Gregory.

8. RMS – Please complete this form if you would like to donate (payroll deducted per pay) to the Residents for Madeira Schools levy committee.

9. SICK LEAVE TRANSFER – Upon initial employment by the Board, any person who has, immediately preceding employment, been in the service of another board of education or State, county, or municipal government in Ohio, shall receive credit, within the last ten (10) years, for the sick leave accumulated up to 260 days in his/her previous service as shown in the records requesting the transfer of sick leave days from their former employer. Your previous employer can fax their form to my attention (Melody Gregory) at (513) 985-6072.

Insurance Enrollment Forms (MANDATORY if you are enrolling in a plan):

ANTHEM – IMPORTANT INFORMATION: If you are enrolling into a family medical, dental, and/or vision plan, you will need to bring the following to your meeting with me in July:

- A) **Marriage License**
- B) **Birth Certificates for ALL dependents (spouse and children)**
- C) **Social Security Cards for ALL dependents (spouse and children)**

I will photocopy these forms and return the originals to you.

If your spouse is eligible for insurance with his/her employer they must pick up a single plan with their employer or you will not be permitted to enroll in the Anthem plan. An authorization form will need to be completed by your spouse's employer to confirm that he/she is eligible for benefits and will be enrolling or already is enrolled in their medical plan.

If you do not wish to take the Anthem insurance, you must sign the waiver portion of the application.

1. **ANTHEM ENROLLMENT**– 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, 2018, please let me know this and we will start your benefits on September 1st, 2018.

2. **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.

3. **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 through August 31st, 2018, please let me know this and we will start your benefits on September 1st, 2018.

4. **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 through August 31st, 2018, please let me know this and we will start your benefits on September 1st, 2018.

5. **ANTHEM VOLUNTARY LIFE INS** – Staff working 20 or more hours per week are guaranteed up to \$250,000 provided the new employee enrolls within the first 30 days of employment. This is a voluntary life insurance policy that the employee is responsible for the premium.

6. **DISABILITY INSURANCE** – Staff working 20 or more hours per week are eligible to enroll in disability insurance through Anthem or American Fidelity. This is a voluntary policy that the employee is responsible for the premium. If you do not have any sick leave available, you may want to consider this insurance.

7. **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. Phil will return on the first or second day of the new school year to meet with new staff. I'll share that date with you when we meet to review your paperwork. 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.

8. **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, 2018 and ends September 14, 2019. DEBIT CARDS WILL BE AVAILABLE AGAIN THIS YEAR! DEBIT CARDS ARE FREE!** Be sure to ask the AF Rep (Phil Fite) for more info! Direct deposit of your reimbursement is now mandatory. The max for FSA is now \$2600 a year for the FSA medical plan. This is an optional plan.

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 MELODY REVIEWS SEVERAL ITEMS IN YOUR PACKET. APPOINTMENTS ARE AVAILABLE FROM JULY 30th – AUGUST 3rd, 2018. 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, Payroll & Benefits Coordinator:

Extension: #1332

Direct line: 924-3701

Email: melody@madeircityschools.org

OFFICE USE ONLY:

NAME OF EMPLOYEE _____

BLDG _____ **/RATE OF PAY OR SALARY** _____ **/START DATE** _____

PT OR FT _____ **/**

____ **EMAIL DIRECTIONS ON HOW TO COMPLETE TIME SHEET AND SUBMIT WITH GOOGLE DOCS**

____ **SEE LORA FOR BADGE – DOWN THE HALL**

____ **EMAIL BECKY TO ADD EMAIL ACCOUNT AND ADD TO TIME SHEET EMAIL GROUP LIST**

____ **INFORM RE: EMAIL ACCOUNT – TRY TO LOGIN NEXT DAY WITH PASSWORD: Maderia7465 (Cap on M)**

____ **SET UP ON CENSUS SPREADSHEET**

____ **PERMIT APPLIED FOR OR REC'D _____ NOT NEEDED IF THEY HAVE A TEACHING LICENSE.**

____ **BCI/FBI REC'D _____ BCI/FBI DONE ON THIS DATE _____**

____ **FRAUD _____ ETHICS _____ MARKETPLACE _____ FILE IN FOLDER**

____ **ENTER BENEFITS IN: _____ ANTHEM, _____ DCP, _____ VBA, _____ COBRA**

____ **SET UP PREMIUMS IN DEDSCN/DETERMINE IF THEY NEED TO PAY FIRST MONTH BY CHECK**

____ **ADD ALL INFO (LIFE, MEDICAL, DENTAL, VBA) TO EPC TRANSMITTAL**

____ **EMAIL DISABILITY FORM TO EPC**

____ **FILE ANTHM LIFE INS FORM**

____ **ENTER SERS PAGE 1 ONLINE**

____ **EMAIL SERS PAGE 2**

____ **FILE 1-9 PAPERWORK**

____ **EMAIL SPOUSAL FORM TO VINCE**

____ **EMAIL SPREADSHEET TO VINCE**

COMMENTS: _____
