



MADEIRA CITY SCHOOLS ADMINSTRATOR OR TEACHER 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 Certified Check List to ensure you don't miss anything. All paperwork must be read, completed, and returned during the week of July 30th – August 3rd at your scheduled meeting with me. Please let me know if you are on vacation this week and we will find an alternate meeting time. It is important to submit your paperwork and meet with me in order to receive compensation in a timely manner. Administrator's contract pay will start on 8/15/18. Teacher's contract pay will start on 9/15/18.

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 WITH ME. THIS INCLUDES ANY INSURANCE ENROLLMENT FORMS FOR PLANS YOU WISH TO ENROLL IN. (Medical, Dental, Vision, Voluntary Life)

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 ADMINSTRATOR OR TEACHER 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", "Certified and Administrative", "Insurance Enrollment". You will be completing forms in those sections.

****Official Transcripts** – Please request transcripts to be sent directly to the attention of the Treasurer, Susan Crabill, from the universities for your bachelor's degree, master's degree and any post master's coursework via hard copy or secure email. Please do this as soon as possible.

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, 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. **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.**
4. **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 IT Department who will set you up with an email account. Matt or Mark will also set you up with the DASL program and Progress Book if your position requires it. If you have not heard from Matt or Mark by August 6th, please contact Matt at mjones@madeiracityschoools.org
5. **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.
6. **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 Gregory. Be sure you bring the correct 2 forms of ID to save yourself a second trip. Basically, you can bring a **PASSPORT** or a **DRIVERS LICENSE AND A SOCIAL SECURITY CARD OR A DRIVERS LICENSE AND YOUR BIRTH CERTIFICATE. IF YOU HAVE A PASSPORT, a second FORM OF ID IS NOT NEEDED.**
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:** Please read and sign the form indicating you have received the 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 and sign the form to indicate you have been provided with the Ohio Ethics Law. The 26 page Ethics Law is located on our website. You do not have to print the 26 pages.
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 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. If you live in a community that also has an earnings tax we may be able to withhold this tax from your 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. **HEALTH INSURANCE EXCHANGE OPTIONS** - You must print this and keep for your records. All new staff are required to receive this information.
14. **RECEIVED HEALTH INSURANCE OPTIONS:** - You must print, date, and sign this form to indicate you have received the Health Insurance Exchange Options.

Mandatory Certified Paperwork:

1. **STRS FORM Pages 1&2-** All teachers and administrators in the State of Ohio are required to belong to the State Teachers Retirement System. If you are a retired teacher or administrator returning to work, please complete the Rehired Retiree form rather than the standard membership form. Beginning in 2016-2017, the employee pays 14% of their gross earnings and the Board of Education pays 14% on the employee's gross earnings. **This form must be completed even if you are already a member of STRS in another school district.** Both forms must be completed and signed. **PLEASE NOTE THE STRS RETIREMENT AMOUNT DEDUCTED FROM YOUR PAY CHECK IS NOT TAXED.**

****NOTE: The district does not withhold FICA/Social Security as we are not required to when the employer/employee is contributing to STRS.**

2. **HQ TEACHER INFO:** This paperwork must be printed and completed and returned with the rest of your paperwork. If you have any questions about this paperwork, **please contact Tim Weber at 985-6070.**

3. **STAFF NETWORK FORM** - This must be signed before using any computers in the district.

Informational Paperwork:

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

2. **TSA** – Approved list of Tax Sheltered Annuity Companies. The website also has a comparison brochure to help you understand the difference between the 403b and the 457 plan. You may start or stop a TSA plan at any time. Please allow 30 days for start of a new plan or the ending of an existing plan.

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, you will be paid the day before.

4. **VERIZON FORM** – 15% discount available to all employees. Show your badge to your Verizon rep.

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

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 $\frac{1}{4}$ of day deducted from her sick bank for Wednesday and $\frac{1}{4}$ of a day deducted for Friday.

Madeira City Schools uses the **AESOP** program to report absences. **ALL EMPLOYEES ARE REQUIRED TO USE AESOP TO REPORT AN ABSENCE. PLEASE FAMILIARIZE YOURSELF WITH THE PROGRAM BEFORE YOU BECOME ILL. Please refer your questions re: AESOP to Lora Graziani at ext. #1330.**

6. 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 based on an 8 hour day:

0-2 hours = .25
2-4 hours = .50
4-6 hours = .75
6-8 hours = 1.00

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

8. 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.

9. RMS – Please complete this form if you would like to donate (payroll deducted per pay) to the Residents for Madeira Schools Levy committee. Donations are not required and are not tax deductible.

Insurance Enrollment Forms:

ANTHEM - IMPORTANT INFORMATION: If you plan to enroll in a family medical, dental, and/or vision plan, you will need to bring the following paperwork to your meeting with me:

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

These forms will be photocopied and the originals returned 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 your spouse 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 is already 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 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, 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. The coverage does not require a medical history, it is guaranteed. Complete the enrollment form. The effective date is the first day of your employment.

3. DENTAL CARE PLUS - 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 BENEFITS OF AMERICA - 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. AUL VOLUNTARY LIFE INS – We have two companies that offer voluntary life insurance. AUL is one of them. Staff working 20 or more hours per week are guaranteed \$100,000 or 5x your annual salary (not to exceed \$100,000) if you enroll within the first 30 days of employment. This is a voluntary life insurance policy. The employee is responsible for the premium. You may wish to compare rates on both plans (American Fidelity and AUL to determine which one better meets your needs). This is an optional plan.

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 works 20 or more hours per week are required to sign an acceptance or waiver form for Section 125. American Fidelity will return on August 14th to meet with the new staff and any missed staff.

American Fidelity also offers additional insurance products such as Long-Term Care, Disability, Voluntary Life Insurance, and Accident Insurance. These products are paid by the employee should you decide to participate in any of them. If you are a NEW employee to schools and have no sick leave accumulated you may want to inquire about the disability insurance when you meet with Phil as it would provide a safety net until you build up your sick leave bank.

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 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 ITEMS IN YOUR PACKET ARE REVIEWED.

Appointments are available from JULY 30TH – AUGUST 3rd, 2018, please call to make your appointment **when YOU HAVE COMPLETED ALL FORMS.**

If you have any questions concerning your pay, benefits or any other benefit item please feel free to call or email Melody Gregory, Payroll & Benefits Specialist.

Extension: #1332

Direct line: 924-3701

Email: melody@madeiracityschools.org

OFFICE USE ONLY:

NAME OF EMPLOYEE _____

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

PT OR FT _____ **/**

- ___ **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 ANTHEM LIFE INS FORM**
- ___ **ENTER STRS PAGE 1 ONLINE**
- ___ **EMAIL STRS PAGE 2**
- ___ **FILE 1-9 PAPERWORK**
- ___ **EMAIL SPOUSAL FORM**
- ___ **EMAIL SPREADSHEET**

COMMENTS: _____

