

PAYROLL SECTION

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PAYROLL SECTION

INSURANCE

HEALTH INSURANCE

A \$150.00 per month contribution is paid by the school district toward the health insurance premium rates. An employee is responsible for the health insurance premium rate difference.

HEALTH INSURANCE COVERAGE DURING EXTENDED SICK LEAVE /DISABILITY

Contract and Non-Contract Employees – on extended sick leave/disability, may continue to be covered by the district's health insurance plan. However, the employee must make arrangements with the Business Office for payment.

HEALTH INSURANCE COVERAGE FOR RETIRED EMPLOYEES

An employee who has retired under the guidelines of the Teacher Retirement System will be able to continue single coverage under the District's present health plan at the retired employee's rate with no district contribution. See COBRA coverage.

PAYROLL SECTION

COBRA COVERAGE

In accordance with the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985, this plan provides continued coverage for qualified beneficiaries in the case of certain qualifying events. Continued coverage will only be available to persons who were covered by this plan on the date of the qualifying event.

A qualifying beneficiary is a covered employee, spouse or dependent child as defined:

A qualifying event is any of the following events that would cause the covered person to lose coverage:

1. The death of the covered employee
2. The termination (other than by reason of the employee's gross misconduct) or reduction of hours of the covered employee's employment
3. The divorce or legal separation of the covered employee and the employee's spouse
4. The covered employee becoming entitled to Medicare benefits
5. A dependent child ceasing to be a dependent child under the applicable requirement of this plan

The covered employee is responsible for notifying the insurance company in writing in the case of divorce or legal separation from the covered spouse or when a dependent child has ceased to be a dependent as defined by the plan. The insurance company will send an election of continued coverage form to the beneficiary at the address listed on the notice. Notice to a qualified beneficiary, who is the spouse of the covered employee, is considered proper notification to all other qualified beneficiaries residing with the spouse at the time such notification is made. Once notified of the continued coverage, the qualified beneficiary has 60 days to accept or reject continued coverage.

COVERAGE AND PREMIUM

The continued coverage will be identical to the existing coverage. Cost of the coverage will be the responsibility of the beneficiary and will be identical to the rate charged to other plan participants in the same category. The beneficiary will have 45 days from the date the notice is received to send premiums due from the date of the event. No evidence of good health is required. Upon termination of the continued coverage period, the beneficiary may elect to convert the coverage.

PAYROLL SECTION

TERM OF CONTINUED COVERAGE

Coverage for qualifying employees will be extended up to 18 months from the date coverage was lost as a result of termination or reduction of hours. Coverage will continue up to 18 months for those qualified employees who elect to cover family members. Coverage for other qualifying beneficiaries will be extended up to 36 months from the date coverage was lost because:

1. the employee died, became divorced or legally separated
2. the employee became entitled to Medicare benefits
3. a dependent child reached the age of 25

TERMINATION OF CONTINUED COVERAGE

Coverage will be terminated upon any of the following events:

1. the employer ceases to provide any group health plan to any employee
2. a qualified beneficiary under the plan fails to make timely payments of any premium required by the plan
3. the qualified beneficiary becomes a covered employee under any other group health plan or becomes entitled to benefits under Medicare
4. the beneficiary, who was the spouse of a covered employee, remarries and becomes covered under a group health plan

PAYROLL SECTION

MINIMUM FOUNDATION-ABSENCE FROM DUTY FORMS

PROGRAM SICK LEAVE FORM To be used for:

1. State Sick Leave
2. Local Sick Leave
3. Bereavement

PROGRAM PROFESSIONAL
LEAVE FORM To be used for:

1. Personal Leave
2. School Business
3. Military
4. Jury Duty
5. Vacation

Forms shall be returned in as follows:

1. Business Office copy – To be submitted with the regular payroll (forms should be in the order that the employee's name appears on the payroll form along with doctor documentation if any)
2. Personnel Office copy – To be forwarded to the Personnel Office
3. Originator Office copy – To be kept by the responsible Administrator

PAYROLL SECTION

ROBSTOWN INDEPENDENT SCHOOL DISTRICT
APPLICATION OF APPROVAL OF ABSENCE FROM DUTY
MINIMUM FOUNDATION PROGRAM SICK LEAVE

EMPLOYEE _____
NAME _____ CAMPUS _____

Application is hereby made for approval of absence for the period:

Beginning Pay Period _____ Ending Pay Period _____

<u>DATE</u>	<u>EXPLANATION</u>	<u>DAYS</u>	<u>CODE</u>

I hereby certify that the foregoing statement is true and correct.

[] Approved [] Disapproved

Signature of Administrator Date _____ Employee Signature _____ Date _____

Note: Each employee must submit an absence from duty form immediately after returning to duty. A written statement from the attending physician or practitioner must be submitted for an absence of five (5) days or more continuous work days. This statement should appear either on this form or be attached securely hereto.

SUBSTITUTE

Name	Date	Name	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PAYROLL SECTION

ROBSTOWN INDEPENDENT SCHOOL DISTRICT
APPLICATION OF APPROVAL OF ABSENCE FROM DUTY
MINIMUM FOUNDATION PROGRAM PROFESSIONAL LEAVE

EMPLOYEE _____
NAME CAMPUS

Application is hereby made for approval of absence for the period:

Beginning Pay Period _____ Ending Pay Period _____

<u>DATE</u>	<u>EXPLANATION</u>	<u>DAYS</u>	<u>CODE</u>

I hereby certify that the foregoing statement is true and correct.

[] Approved [] Disapproved

Signature of Administrator Date Employee Signature Date

Note: Each employee must submit an absence from duty form immediately after returning to duty. A written statement from the attending physician or practitioner must be submitted for an absence of five (5) days or more continuous work days. This statement should appear either on this form or be attached securely hereto.

SUBSTITUTE

Name	Date	Name	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PAYROLL SECTION

EMPLOYMENT OF RETIRED MEMBERS

FORM TRS 118
employed as follows:

Required to be turned in at the end of each month for retired members

1. employed as a substitute any part of a day
2. employed 1/3 time or less and over 60 years of age
3. employed on full time or regular basis

The Teacher Retirement law contains provisions under which a retired member may return to employment in public education within the State. See example of TRS 118 form. Please call the payroll department, if you have any questions.

PAYROLL SECTION

OVERTIME, SUBSTITUTE AND SUPPLEMENT PAY DOCUMENTATION

MAINTENANCE AND CAFETERIA DEPARTMENT

Will use the Fill-in/Extra Bus Trips Payroll Reporting Form to report supplement pay for temporary or fill-ins. The 40 hour work week begins on Monday and ends on Sunday. All other departments will use the Regular Reporting Payroll Form to report supplement pay. The Regular Substitute Payroll Reporting form will be used for substitute pay.

PAYROLL SECTION

SUPPLEMENT PAY SCHEDULE

Type of Pay	Per	Rate	3/16/06
<u>Teachers and Supervisors</u>			
a) Degree – Certified Substitutes	day	\$ 70.00	
11 or more consecutive days for same teacher	day	\$ 85.00	
b) Degree – Non Certified Substitutes	day	\$ 65.00	
11 or more consecutive days for same teacher	day	\$ 80.00	
c) High School Graduate – 60+ college hrs Substitutes	day	\$ 60.00	
d) High School Graduate/GED Substitutes	day	\$ 55.00	
e) Evening Classes - Certified	hour	\$ 25.00	
f) Community GED Classes - Certified	hour	\$ 25.00	
g) Summer Classes - Certified	hour	\$ 25.00	
h) Intersession - Certified	hour	\$ 25.00	
i) Migrant Supervisor	hour	\$ 30.00	
j) Migrant PFS Tutoring - Certified	hour	\$ 25.00	
k) Reading Tutor - Certified	hour	\$ 25.00	
l) 21st Century Program - Certified	hour	\$ 25.00	
m) Math Tutor - Certified	hour	\$ 25.00	
n) Band Program Only - Level 4	hour	\$ 40.00	
o) Band Program Only - Level 3	hour	\$ 35.00	
p) Band Program Only - Level 2	hour	\$ 30.00	
q) Band Program Only - Level 1	hour	\$ 25.00	
<u>Para-Professional</u>			
a) Breakfast Aide	hour	\$ 10.00	
b) Evening Aide	hour	\$ 12.50	
c) Intersession - Computer Lab	hour	\$ 12.50	
d) Intersession - Regular Aides	hour	\$ 10.00	
e) Computer Night Classes	hour	\$ 12.50	
f) Migrant Tutor - College Hrs	hour	\$ 12.50	
g) Reading Tutor	hour	\$ 12.50	
h) 21st Century Program	hour	\$ 12.50	
i) Special Ed Learning Lab	hour	\$ 12.50	
j) Math Tutor	hour	\$ 12.50	
k) Tutor - High School Student	hour	\$ 8.00	
l) Clerical	hour	\$ 8.00	
<u>Stipends for Workshops/Seminars/Inservice</u>			
a) TAKS Saturday Camp - Professional	hour	\$ 25.00	
b) TAKS Saturday Camp - ParaProfessional	hour	\$ 10.00	
c) BLC	day	\$150.00	
d) Math Meetings-Professional	hour	\$ 25.00	
e) Math Meetings-ParaProfessional	hour	\$ 10.00	

PAYROLL SECTION

SUPPLEMENT PAY SCHEDULE

Custodians/Operations/Maintenance

a) Substitute	hour	\$ 5.25
b) Athletic game worker/security	hour	\$ 12.50
c) Other evening events	hour	\$ 12.50
d) Full day weekend events (9 hrs or more)	day	\$ 75.00
e) Maintenance	hour	\$ 8.00

Transportation

a) Bus Monitor	hour	\$ 10.00
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Athletic Game Workers **

a) Ticket Seller	game	\$ 55.00
b) Ticket Taker	game	\$ 45.00
c) Announcer	game	\$ 60.00
d) Scoreclock/Scoreboard	game	\$ 50.00
e) Spotter	game	\$ 50.00
f) Ushers	game	\$ 50.00
g) Playoff games – Officials (As negotiated)		\$ -
h) All day events-Tournament/Dist Meets/Band Contest		
- Announcer	day	\$100.00
- Ticket Seller	day	\$ 75.00
- Ticket Taker	day	\$ 65.00

**Note: Any and all employees working at these assignments - must at all times conduct themselves in a professional manner to all visitors. Report any problems to their immediate Supervisor.

PLEASE ADHERE TO ABOVE PAY SCHEDULE, ANY PROPOSED DEVIATION FROM THIS SCHEDULE WILL NOT BE PROCESSED.

PAYROLL SECTION

PAYROLL CHECK QUESTIONS

Employees with questions about their paychecks should be screened first at your office

1. Salary Information – Actual contract salary according to Personnel Roster
2. Payroll deductions – check copy of campus payroll submitted for:
 - a) absences between pay periods
 - b) supplements
 - c) comp time

Your screening will probably save that employee a trip to this office and will allow us to provide better assistance to all personnel.

PAYROLL DEDUCTIONS

The policy on payroll deductions is:

- a) changes to payroll deductions will be allowed throughout the school fiscal year
- b) all payroll deduction changes shall be submitted to the payroll department by the 1st of each month. The deductions will be reflected on the 15th of that month's paycheck. Use Deduction Authorization form.
- c) Direct deposit requests to any Bank shall be submitted to the payroll department by the 1st of each month. The request will be a pre-notification first and then a direct deposit. Use Direct Deposit Authorization form.

PERSONNEL CHANGES

The campus administrator shall inform the Personnel Office of any personnel changes within the campus.

The Personnel Office shall submit to the payroll department, whenever there is a salary adjustment, new personnel, personnel changes, job description, fund change, campus change or pay rate change using the Regular Personnel Change Form and the Substitute/Temporary Adjustment Form. A W4 form and TRS 5 form (if applicable) shall also be submitted.

ADDRESS, MARITAL STATUS, WITHHOLDING ALLOWANCES OR HEALTH INSURANCE CHANGES

Employee changes on any of the above listed shall go to the payroll department to fill out any necessary forms.

- a) Teacher Retirement forms
- b) Health Insurance forms
- c) W4 form

An employee may also call the payroll department at 767-6600 ext. 2252 or ext. 2253 and request that the forms be sent to the employee's campus. The payroll department will forward all pertinent data to the Personnel Office

PAYROLL SECTION

ROBSTOWN INDEPENDENT SCHOOL DISTRICT
PAYROLL DEDUCTION AUTHORIZATION FORM

I, _____ HEREBY AUTHORIZE THE PAYROLL DEPARTMENT TO:
NAME

- Start payroll deduction
- Stop payroll deduction
- Increase payroll deduction
- Decrease payroll deduction

WITH: _____

SEMI-MONTHLY AMOUNT \$ _____

EFFECTIVE DATE: _____

EMPLOYEE SIGNATURE _____

SS# _____

CAMPUS _____

PAYROLL SECTION

ROBSTOWN INDEPENDENT SCHOOL DISTRICT
DIRECT DEPOSIT AUTHORIZATION FORM

I, _____ HEREBY AUTHORIZE THE PAYROLL DEPT. TO:
NAME

[] Start direct deposit of my net payroll check with:

(Name of Bank or Institution)

[] Stop direct deposit of my net payroll check

EMPLOYEE SIGNATURE: _____ DATE

SS# _____

CAMPUS _____

Attach deposit slip here:

PAYROLL SECTION

MONTHLY PAYROLL REPORT

The payroll department will process a monthly payroll report. The report shall be reported as per the payroll schedule. It will list all campus personnel in alphabetical order. Any new regular personnel not pre-printed on the form shall be inserted on the last page and shall include their social security number.

Preparation of form:

1. Absences 1, 2, 3 and 4
 - a) Number of days out-absences shall be reported as half or full days only
 - b) Date – date or dates out
 - c) Absent code
 - d) Comment – to be used for additional absences (be sure to include all pertinent data)
2. Supplements 1, 2, 3 and 4
 - a) To be used for all supplementary pay for all employees. All employees include teachers, teacher aides and custodial substitution
 - b) Hours – must report hours worked
 - c) Date – date or dates worked
 - d) Coding – to be used for payment
 - e) If supplement is for an employee who substituted, then insert the name of the teacher for whom the employee substituted for in the comment area, otherwise, indicate reason for supplement. Be sure to include all pertinent data.

Note: Whenever a federal program aide is used for substitution for a non-federal program teacher in another classroom, the following is a requirement for supplements

1. Hours – how long the aide substituted
2. Date – date the aide substituted
3. Coding – to be used for payment
4. Comment area – substituted for whom, name of teacher substituted for

It is important that the above be done to comply with Federal Audit requirements

3. Compensatory Time 1, 2
 - a) To be used to report additional time worked that will be carried as compensatory time
 - b) Date – date or dates worked
 - c) Hours – must report hours worked, also indicate in parenthesis whether the comp time was earned or used. Smallest unit to be used is hour unit. The campus will keep record of comp time worked less than the hour unit, when a unit has been accumulated then the comp time shall be reported
 - d) Comment area – to be used to note the reason for comp time, also for additional comp time. Be sure to include all pertinent data

Compensatory Time: Non-contract Employees

- 1) Overtime worked must be paid at one and one-half times the employee's regular rate of pay after 40 hour week or accrued as compensatory time
- 2) Compensatory time shall be reported as one and one-half hours for each overtime hour worked
- 3) A maximum of 240 hours of compensatory time can be accrued before overtime must be paid. If compensatory time as accrued to 240 hours, then any additional time worked must be reported and paid at one and one-half times the employee's regular rate of pay

PAYROLL SECTION

- 4) Compensatory time may be carried from one school year to another
- 5) Upon resignation/termination, an employee shall be paid for the unused compensatory time at his/her average regular rate received over the last three years or at his/her final regular rate, whichever is higher
- 6) It is the responsibility of the employee's supervisor to effectively administer and approve compensatory time

Compensatory Time: Contract Employees

- 1) Compensatory time shall be reported as not less than half day increments
- 2) Compensatory time shall be carried as vacation time but will be designated C-1
- 3) There is no maximum days of compensatory time
- 4) Compensatory time may be carried from one school year to another
- 5) Upon resignation/termination, an employee shall be paid for the unused compensatory time at his/her current daily rate
- 6) Must be approved by the Superintendent of Schools

4. Workmen Compensation

- a) To be used to report days out due to a work related injury
- b) Number of days out – absences shall be reported as half or full days only
- c) Date – date or dates out
- d) Date returned to work – if the employee has returned to work, then show date returned
- e) Code W-1 – will be pre-printed
- f) Date of injury – if an injury has occurred and a “1st injury report” has been turned in, the date on the report shall be filled in
- g) Comment area – to be used for noting any information pertinent to a work related injury

5. Payroll Use Only Column

- a) payroll use only – leave blank

6. Signature

- a) Must have signature of Administrator

PAYROLL SECTION

ABSENT CODES

C-1	Compensatory Time	Additional hours/days worked beyond regular hours/days in increments of one hour units, ½ or full days only
E-1	Jury Duty	As defined
E-2	Family Emergencies	As defined
E-3	School Business	School approved activity (no deduction)
E-4	Vacation Time	reported for all personnel beyond 200 days on your monthly payroll (no deduction)
E-5	Organizational Business	School related meeting (needs approval of Superintendent), substitute reimbursement submitted with payroll
E-6	School Declared Emergency	with approval of Superintendent
E-7	Military Leave	with approval of Superintendent (no deduction). Not to exceed 15 days in any one school calendar year
P-1	Illness	other than employee or immediate family (deduction)
P-2	Death	other than immediate family (deduction)
P-3	Personal Absence	not excused (deduction)
P-4	Professional & Non-Contract Personal Absence	As defined
S-1	Illness	Employee
S-2	Illness	Employees' immediate family
S-3	Death	Immediate family (5 days maximum)
SS1	Suspension	Suspended with pay (no loss in pay)
SS2	Suspension	Suspended without pay (deduction)
W-1	Workmen Comp Injury	days out will be charged to sick leave unless assaulted by student

PAYROLL SECTION

REGULAR SUBSTITUTE PAYROLL REPORTING FORM

This form will be prepared and distributed by the payroll department twice a month to all school campuses for processing of semi-monthly payrolls for substitute personnel. It will list all approved substitutes in alphabetical order. Remember that teachers or teacher aides employed with the district that substitute will be reported on the Payroll Reporting Form (if a supplement will be paid).

Preparation of form:

1. Column One
 - Last Name, First Name, Initial and Social Security Number of substitute
(this is pre-printed from the approved Personnel substitute list)
2. Column Two
 - Number of days the substitute worked
3. Column Three
 - Hours the substitute worked
4. Column Four
 - Date or dates the substitute worked
5. Column Five
 - Substituted for Whom/Comments (the name of the teacher that was substituted for and any comments)
6. Column Six
 - Absent code of the teacher that was substituted for
7. Column Seven
 - Payroll Use Only (leave blank)
8. Must fill in organization number
9. Must have signature of Administrator

PAYROLL SECTION

FILL-IN/EXTRA DUTY BUS TRIPS PAYROLL REPORTING FORM

This form will be prepared and distributed by the payroll department every pay period. This form is to be used only by the Cafeteria, Maintenance & Transportation Departments. This form will list all approved fill-in personnel and certified bus drivers in alphabetical order.

Preparation of Form

1. Column One
 - Last name, First name, initial and social security number (this is pre-printed from the approved Personnel fill-in/certified bus driver list)
2. Column Two
 - supplement pay
3. Column Three
 - Coding to pay supplement
4. Column Four
 - Comments for any additional data
5. Must fill in organization number
6. Must have signature of Administrator

PAYROLL SECTION

REQUIREMENTS TO PROPERLY PROCESS PAYROLL

W4 Employee's withholding allowance certificates for returning employees are to be processed through the Principal's office and forwarded to the payroll department in alphabetical order. W4's for new personnel will be processed by the Personnel Office

TRS 5 Teacher Retirement System Form

- 1) Will be processed at the Personnel office for all new employees to this district
- 2) These forms are the requirements of School Board Policy and State Statute
- 3) Failure to comply with above could result in delayed payment to employee

PAYROLL SECTION

SALES TAX REPORTING SCHEDULE

Sales Tax Reporting is required on the following form, if your campus is subject to Sales Tax Revenue

For Period: January 1, _____ - December 31, _____

Date Due in Business Office: January _____

SALES TAX INFORMATION

The following information is submitted regarding sales made by public schools and related organizations. The items are listed as exempt, taxable and non-taxable as each case is applicable:

Student Publications	Yearbook, Newspaper (taxable)
Club Memberships	Non-taxable
Athletic Equipment and Physical Ed Uniforms	Taxable, if sold by the school; exempt if sold to the school
Student Workbooks	Taxable
Fees for Materials	Taxable, where the end product becomes a possession of the student
Deposits	Non-taxable
Football Programs	Taxable
Vending Machine Sales	Ice cream, coke and candy – exempt when sold during a regular school day
Admission Tickets, Fees, Etc.	There is no sales tax on any type of admission ticket fee or service. The sales tax applies when tangible items change hands, this means there would be no sales tax on football tickets, play tickets
Sales by Teachers and Pupils	All merchandise sold by teachers and pupils is subject to sales tax (not at the time it was purchased for resale, but when sold to the customer). If the school assumes responsibility for the activity and/or sales, the school is responsible for seeing the tax is paid

PAYROLL SECTION

Meals Sold	Exempt from the taxes imposed by the Limited Sales, Excise and Use Tax Act receipts from the sale of, or storage, use or other consumption in the State of meals and food products including soft drinks and candy for human consumption served by a public or private school, school district, student organization or parent-teacher association pursuant to an agreement with the proper school authorities in an elementary or secondary school during the regular school day. This exemption applies to all guest, employees, teachers or anyone else served in a school cafeteria or teacher's lounge providing the meals are served during the regular school day
PTA Carnivals	Food and drinks sold at such carnivals are not subject to the sales tax
Meals Purchased	For athletic teams, bands, etc. when on trips – no tax is applicable if exemption certificates are filed with the restaurant or cafeteria serving the meals
School Purchase Supplies	Sold directly to students are taxable to the students
Trading Stamp Books	To buy a television for the school would not be taxable if an exemption certificate is filed
Cakes and Pies	Sale of whole cakes and pies is not subject to the limited sales tax
Food and Drinks Sold	<p>By a concession stand or served to a person seated in a stadium, witnessing a sporting event are exempt from the tax if sold by an organization associated with a public, private, elementary or secondary schools</p> <ul style="list-style-type: none">a) is made as part of a fund raising drive sponsored by the organizationb) all net proceeds from the sale go to the organization for its exclusive use <p>Recently it was determined this office would no longer require civic organizations or other volunteer group type organizations to collect the sales tax on the sales of food and drink during specific raising functions or events</p>

There is certain criteria which must be complied with in order for the exemption to apply:

- a) the event must be a fund raising project and exclusively sponsored by a non-profit volunteer organization
- b) food and drink cannot be catered and resold or purchased from a caterer or other type of retailer selling food prepared for immediate consumption
- c) the event must be of a very short term duration not to exceed one week
- d) under no circumstances is the exemption to apply where the volunteer groups are in competition with a retailer who is required to collect tax on his/her food and drink at the event

PAYROLL SECTION

ROBSTOWN INDEPENDENT SCHOOL DISTRICT

TO: All Principals and Department Heads
FROM: Jesus Alejandro, Business Manager
SUBJECT: City Sales and Use Tax Return
State of Texas Sales and Use Tax Return

COMPLETE FORM AND RETURN IMMEDIATELY WITH CHECK FOR TOTAL TAX DUE

Please indicate any sales by your school or department for the year beginning January 1, _____ and ending December 31, _____ which are subject to the city and state sales tax.

**** ROUND OFF TO NEAREST DOLLAR, WHEN COMPUTING NET SALES ****

	City	State
Gross Sales	\$ _____	\$ _____
Less Exempt Sales	\$ _____	\$ _____
Net Sales	\$ _____	\$ _____
Net Sales x 2% (local tax)	\$ _____	
Net Sales x 6.25% (state tax)	\$ _____	
Total tax due (8.25%)	\$ _____	

PAYROLL SECTION

PAYROLL SCHEDULES

- A) Maintenance and Operations Cut-off Schedule
- B) Cafeteria Department Cut-off Schedule
- C) Teacher Substitute Cut-off Schedule
- D) Professional & Para-Professional Cut-off Schedule

PAYROLL SECTION

EMPLOYEE RETIREMENT

Applying for service retirement

Contact Teacher Retirement System of Texas (TRS) four to six months prior to retirement. Members are encouraged to use form TRS 18 "Request for Estimate of Retirement Benefits". This is available at the payroll department.

It may also be requested directly from TRS:

Teacher Retirement System of Texas
1100 Red River Street
Austin, Texas 78701

Or through the internet:

www.trs.state.tx.us

Personnel Office should also be contacted four to six months prior to retirement date