

PAYROLL USERS GROUP

Thursday, May 25, 2023

9:00 AM

City Centre – Conference Room 1B

AGENDA

1. CalSTRS

- a. ES0350 – Please use only this form for Permissive Membership**
- b. ES0372 – Please use only this form for Retirement System Elections**
- c. 54 or 55?**
 - 54 – SUB**
 - 55 – Extra help or part-time assignment**
- d. Reduced Workload Program – Application must be submitted to CalSTRS and approved prior to the start of work**

2. CalPERS

- a. Working out of Class worksheet – submit online in MyCalPERS**
- b. CalPERS separations – must be after last day worked**
- c. 4 or more hours per day for membership**

3. Copy Pay Lines

4. Terminating employees with Deferred pay/H&W

5. Current Liability Payrolls

6. Summer school – T's and C's

7. .01 - .01 adjustments – please code 99-0-9

8. Special comp coding – 08-9-6, 57-0-6, 72-0-6 must always have the same earnings and ret base

9. Aflac Checks – Please write your district name on the memo

10. Elena's notes

11. CSEA – Do not reset yet

12. Listings and contracts

13. ESS Survey

If you are employed to perform creditable service in a position that is excluded from mandatory membership in the CalSTRS' Defined Benefit (DB) Program, you may use this form to elect DB Program membership at any time while employed to perform creditable service.

A permissive election of membership in the DB Program applies to all future creditable service performed for the same or another employer, including any non-member or CalSTRS Cash Balance Benefit (CB) Program service you are currently performing. You may be entitled to elect coverage by the CB Program or California Public Employees' Retirement System (CalPERS) for future eligible service as allowed by law. Please work with your employer if you believe you are entitled to make one of these elections.

A permissive election of membership in the DB Program is irrevocable. Membership may only be cancelled if you terminate all employment to perform creditable service and refund your accumulated retirement contributions from the CalSTRS DB Program.

SECTION 1: EMPLOYEE INFORMATION (TO BE COMPLETED BY EMPLOYEE)

Provide the following information:

- CalSTRS Client ID* or Social Security Number
- Last Name, First Name and Middle Initial
- Mailing Address**, City, State and Zip Code
- Date of Birth
- Email Address
- Telephone Number

*If you have already been employed to perform creditable service you will have a CalSTRS Client ID, even if you were not formerly a member. Please provide your CalSTRS Client ID, if you have one, in lieu of your Social Security Number.

**To establish residency for tax purposes, we ask that you provide a street address. Be sure to include any street, apartment or suite number. If your post office does not deliver mail to your street address, you may enter your box number instead. If you reside outside the United States, use the CITY – STATE – ZIP field to provide your foreign address. If you receive your mail in care of a third party, enter "c/o" followed by the third party's name and address.

SECTION 2: EMPLOYEE ELECTION (TO BE COMPLETED BY EMPLOYEE)

If you want to elect membership in the CalSTRS DB Program:

- Check the appropriate box
- Provide your requested membership date***

***You will begin contributing to the DB Program as of your membership date. Your membership date can be no earlier than the first day of the pay period in which your election is made, or your first day of employment, whichever is later. Work with your employer to select the most beneficial, valid membership date you are eligible for. Electing an invalid membership date will require a revision to your election form and may result in delayed contributions to CalSTRS.

If you do not want to elect membership in the CalSTRS DB Program at this time, check the appropriate box.

SECTION 3: REQUIRED SIGNATURE (TO BE COMPLETED BY EMPLOYEE)

Sign the form and date your signature.
Return the form to your employer.

SECTION 4: EMPLOYEE POSITION INFORMATION (TO BE COMPLETED BY EMPLOYER)

Provide the position hire date – the date in which the employee was hired to perform creditable service in the position they are making this election for. CalSTRS defers to the employer as to the date in which you consider an employee to be hired. Provide the position title – the title of the position the employee is performing creditable service in.

SECTION 5: EMPLOYER INFORMATION AND CERTIFICATION (TO BE COMPLETED BY EMPLOYER)

Verify the employee is eligible for the requested membership date.

Provide the following information:

- The employer (county or district) name
- County and district code
- Name and title of employer official completing the form

Sign the form and date your signature.
Submit the form to CalSTRS and retain a copy.

SUBMIT

This form should be submitted to CalSTRS by the employer. CalSTRS must receive this form within 60 days after the employee's signature date and, if applicable, prior to the submission of contributions.

- | | |
|--------------------------|---|
| Secure Employer Website: | Send the completed form to the ES Forms Queue found in the Business Areas dropdown of the Recipient via SEW. |
| Email to: | Submit this form via email to the esforms@calstrs.com mailbox unless otherwise instructed by your CalSTRS representative. If sending forms to the esforms@calstrs.com mailbox, please remove all Social Security numbers and only provide the Client ID where applicable. |
| Mail to: | CalSTRS
P.O. Box 15275, MS 17
Sacramento, CA 95851-0275 |

QUESTIONS

Employee – contact your employer

Employer – contact CalSTRS Employer Help

Permissive Membership

ES 0350 REV 04/23

[For CalSTRS' Official Use Only]



California State Teachers' Retirement System
P.O. Box 15275, MS 17
Sacramento, CA 95851-0275
800-228-5453
CalSTRS.com

PERMISSIVE MEMBERSHIP ELECTION AND/OR ACKNOWLEDGEMENT OF RECEIPT OF CALSTRS DEFINED BENEFIT PROGRAM MEMBERSHIP INFORMATION

This form is used to permissively elect membership in the CalSTRS Defined Benefit Program and/or to acknowledge receipt of information provided by an employer about the right to elect membership in the CalSTRS Defined Benefit Program. Please read all instructions before completing the form.

Section 1: Employee Information (to be completed by employee)

Provide either your CalSTRS Client ID or Social Security number.

CLIENT ID

SOCIAL SECURITY NUMBER

LAST NAME

FIRST NAME

MI

ADDRESS (number, street, apt or suite no.)

CITY

STATE

ZIP CODE

DATE OF BIRTH (MM/DD/YYYY)

EMAIL ADDRESS

TELEPHONE

Section 2: Employee Election (to be completed by employee)

Check One:

- ☐ I elect membership in the CalSTRS Defined Benefit Program as of:

MEMBERSHIP DATE (MM/DD/YYYY)**

I understand this election applies to all future creditable service performed for any current or future employer unless another election is made as allowed by law. I understand my membership is irrevocable and may only be cancelled by terminating all employment to perform creditable service and receiving a refund of my accumulated retirement contributions from the CalSTRS Defined Benefit Program.

**Membership Date may be no earlier than the first day of the pay period in which the election is made, or the first day of employment, whichever is later. Please work with your employer to select the most beneficial, valid membership date.

- ☐ I decline membership in the CalSTRS Defined Benefit Program at this time

I understand that I can elect membership in the CalSTRS Defined Benefit Program at any time while I am employed to perform creditable service.



ES0350

Section 3: Required Signature (to be completed by employee)

I certify that I have received information from my employer concerning the CalSTRS Defined Benefit Program and understand the criteria for membership in the program.

I understand it is a crime to fail to disclose a material fact or to make any knowingly false material statement, including a false statement regarding my marital status, for the purpose of using it, or allowing it to be used, to obtain, receive, continue, increase, deny or reduce any benefit administered by CalSTRS and it may result in penalties, including restitution, of up to one year in jail and/or a fine of up to \$5,000 (Education Code section 22010). It may also result in any document containing such false representation being voided. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I understand that perjury is punishable by imprisonment for up to four years (Penal Code section 126).

EMPLOYEE SIGNATURE	DATE (MM/DD/YYYY)
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Section 4: Employee Position Information (to be completed by employer)

POSITION TITLE	POSITION HIRE DATE
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Section 5: Employer Information and Certification (to be completed by employer) Required Signature

I certify that the above-named employee was provided information about their right to elect membership in the CalSTRS Defined Benefit Program and, if electing membership, is eligible to elect membership in the CalSTRS Defined Benefit Program as of the membership date provided.

I understand it is a crime to fail to disclose a material fact or to make any knowingly false material statement for the purpose of using it, or allowing it to be used, to obtain, receive, continue, increase, deny or reduce any benefit administered by CalSTRS and it may result in penalties, including restitution, of up to one year in jail and/or a fine of up to \$5,000 (Education Code section 22010). It may also result in any document containing such false representation being voided. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I understand that perjury is punishable by imprisonment for up to four years (Penal Code section 126).

EMPLOYER OFFICIAL'S SIGNATURE	DATE (MM/DD/YYYY)
EMPLOYER NAME	COUNTY AND DISTRICT CODE
EMPLOYER OFFICIAL'S NAME AND TITLE	

The following instructions are to assist you and your employer in completing the *Retirement System Election form* (ES 0372). Please read the instructions and information for retirement system coverage before completing the form. Please type or print legibly in dark ink.

INFORMATION

A member of the CalSTRS Defined Benefit Program who becomes employed by a school district, a community college district, a county superintendent of schools, limited state departments, or the California Community Colleges Board of Governors to perform service that requires membership in a different public retirement system, may elect to receive credit under the CalSTRS Defined Benefit Program for such service by completing a *Retirement System Election form* (ES 0372) within 60 days after the hire date requiring membership in the other system, and CalSTRS must receive the completed form within 60 days of the signature date. If the CalSTRS member does not elect to continue as a member of CalSTRS, all service subject to coverage by the other public retirement system will be reported to that retirement system. (Education Code sections 22508, 22508.5 and 22509)

A member of CalPERS who was employed by a school employer, Board of Governors of the California Community Colleges, or State Department of Education within 120 days before the member's date of hire, or who has at least five years of CalPERS credited service, and who accepts employment to perform creditable service that requires membership by the CalSTRS Defined Benefit Program, may elect to receive credit under CalPERS for such service by submitting a *Retirement System Election form* (ES 0372) to CalPERS, within 60 days after the hire date of employment requiring membership in CalSTRS. If the CalPERS member does not elect to continue as a member of CalPERS, all CalSTRS creditable service will be reported to CalSTRS. (Government Code section 20309).

Education Code section 22509 requires that within 10 working days of hire, an employer must provide all employees who have the right to make this election with the information regarding their election rights and must make available written information about the retirement systems to assist the employee in making an election.

SECTION 1: MEMBER INFORMATION AND ELECTION

Section 1 must be completed by the employee with assistance from the employer. Please complete all entries in Section 1.

EMPLOYEE NAME and SOCIAL SECURITY NUMBER – Enter employee's full name, and full Social Security Number.

RETIREMENT SYSTEM COVERAGE:

If you are a member of CalSTRS and have accepted employment to perform service that requires membership in a different public retirement system, mark the box next to the coverage you elect.

If you are a member of CalPERS and have accepted employment to perform service that requires membership in CalSTRS, mark the box next to the coverage you elect.

EMPLOYEE SIGNATURE – Sign and date the form. By signing this document, you certify that you have received information from your employer regarding your right to the Retirement System Election. You also certify that you understand this election is irrevocable, and that it is a crime to fail to disclose a material fact or to make any knowingly false material statements for the purpose of altering a benefit administered by CalSTRS which may result in up to one year in jail and a fine of up to \$5,000. (Education Code section 22010)

Submit the signed and dated *Retirement System Election form* (ES 0372) to your employer. Retain a copy for your records.

For general membership information, contact CalSTRS by calling 800-228-5453, or write to CalSTRS at P.O. Box 15275, MS 17, Sacramento, CA 95851-0275.

SECTION 2: EMPLOYER CERTIFICATION

Section 2 must be completed by the employer and the County Office of Education. Please complete the employer certification only after the employee has completed Section 1. Employees must qualify for membership before they can retirement system elect.

EMPLOYER:

POSITION HIRE DATE – Enter the date the employee was hired in the position.

POSITION EFFECTIVE DATE – Enter the first date that service was/will be performed by the employee in the new position.

POSITION TITLE – Enter employee's new position title and check the box next to the applicable position type.

CO/DIST CODE/STATE DEPARTMENT – Enter the appropriate county and district codes. Example: Kern

County, Edison Elementary would be 15-012, and CA Department of Education would be 59-174.

EMPLOYER CERTIFICATION – Print school or state official's name, title and phone number, and sign and date the form.

Submit the completed form to the County Office of Education.

If you represent a state department, submit the form directly to CalSTRS and retain a copy of the employee's signed election form.

COUNTY OFFICE OF EDUCATION:

Print the County official's name, title and phone number, and sign and date the form.

Retain a copy for your and the employee's files.

SUBMIT

The *Retirement System Election* form (ES 0372) must be submitted to the retirement system elected by the employee. For additional requirements, please see the Information section.

Secure Employer Website: Send the completed form to the ES Forms Queue found in the Business Areas dropdown of the Recipient via SEW.

Email to: Submit this form via email to the esforms@calstrs.com mailbox unless otherwise instructed by your CalSTRS representative. If sending forms to the esforms@calstrs.com mailbox, please remove all Social Security numbers and only provide the Client ID where applicable.

Mail to: CalSTRS
P.O. Box 15275, MS 17
Sacramento, CA 95851-0275

Retirement System Election

ES 0372 REV 04/23

[For CalSTRS' Official Use Only]

CALSTRS®

California State Teachers' Retirement System

P.O. Box 15275, MS 17

Sacramento, CA 95851-0275

800-228-5453

CalSTRS.com

RETIREMENT SYSTEM ELECTION AND ACKNOWLEDGEMENT OF RECEIPT OF RETIREMENT SYSTEM INFORMATION

Please read the attached information and instructions before completing this form. Please type or print legibly in dark ink.

SECTION 1: Member Information and Election (to be completed by employee)

NAME (LAST, FIRST, MIDDLE INITIAL)

SOCIAL SECURITY NUMBER

A member of **CalSTRS** who becomes employed in a new position by the same or a different school district, a community college district, a county superintendent of schools, limited state employment or the Board of Governors of the California Community Colleges, as defined in Education Code sections 22508 and 22508.5, to perform service that *requires* membership in a different public retirement system will have that service credited with that other public retirement system unless the member files a written election (within 60 days after the date of hire) to have that service covered by CalSTRS, pursuant to Education Code section 22508(a) or 22508.5(a).

I am a member of CalSTRS who has accepted employment to perform service that *requires* membership in a different public retirement system and am eligible to elect to continue retirement system coverage under CalSTRS.

I elect coverage in: (please choose one)

- ☐ CA State Teachers' Retirement System (CalSTRS)
☐ CA Public Employee's Retirement System (CalPERS) *
☐ A Different Public Retirement System identified here:

OR

A member of **CalPERS** who was employed by a school employer, Board of Governors of the California Community Colleges or State Department of Education within 120 days before the member's date of hire, or who has at least five years of CalPERS credited service, as defined in Government Code section 20309, and who is subsequently employed to perform creditable service that requires membership in the Defined Benefit Program of CalSTRS, will have that service credited with CalSTRS unless the member files a written election (within 60 days after the date of hire) to have the service credited with CalPERS, pursuant to Government Code section 20309.

I am a member of CalPERS who has accepted employment to perform service that requires membership in the CalSTRS Defined Benefit Program and am eligible to elect to continue coverage under CalPERS.

I elect coverage in: (please choose one)

- ☐ CA State Teachers' Retirement System (CalSTRS)
☐ CA Public Employee's Retirement System (CalPERS) *



ES0372

With my signature below, I certify that I have received information from my employer regarding my eligibility to elect membership for this position as described on this form. I fully understand that this election is irrevocable. I understand it is a crime to fail to disclose a material fact or to make any knowingly false material statements for the purpose of altering or receiving a benefit administered by CalSTRS and it may result in up to one year in jail and/or a fine of up to \$5,000 pursuant to Education Code section 22010.

EMPLOYEE SIGNATURE

DATE

SECTION 2: Employer Certification (to be completed by employer and County Office of Education)

With my signature below, I certify that I have provided information to the above employee regarding his/her eligibility to elect membership for this position, pursuant to Education Code section 22509. I certify the employee meets the qualifications to make a retirement system election, pursuant to Education Code sections 22508 or 22508.5, or Government Code section 20309.

EMPLOYEE POSITION INFORMATION:

POSITION HIRE DATE

POSITION EFFECTIVE DATE

POSITION TITLE

SELECT ONE:

☐ CREDENTIALLED

☐ CLASSIFIED

☐ STATE SERVICE

EMPLOYER INFORMATION:

CO/DIST/STATE DEPT NAME

CALSTRS REPORT UNIT CODE

SCHOOL/STATE OFFICIAL'S NAME

TITLE

PHONE NUMBER

SIGNATURE OF SCHOOL/STATE OFFICIAL

DATE

COUNTY OFFICIAL'S NAME

TITLE

PHONE NUMBER

SIGNATURE OF COUNTY OFFICIAL

*CALPERS EMPLOYER CODE



2023-24 School Employer and Employee Contribution Rates

April 19, 2023

Circular Letter: 200-021-23

Distribution: XII, XVI

To: All School Employers

Purpose

The purpose of this Circular Letter is to inform you of the following employer and employee pension contribution rates approved by the California Public Employees' Retirement System (CalPERS) Board of Administration on April 18, 2023. These rates will be in effect for fiscal year (FY) 2023-24.

Employer Contribution

The employer contribution rate for FY 2023-24 will increase from 25.37% to 26.68% of payroll, effective with the first payroll period ending in July 2023.

Employee (Member) Contributions

There will be no changes in the member contribution rates in FY 2023-24 for school employees. In accordance with the Public Employees' Pension Reform Act (PEPRA), PEPRA members employed by schools are required to contribute at least 50% of the total normal cost rate of their pension benefit. PEPRA contains a provision that states when the total normal cost rate changes by more than 1% of payroll, the member contribution rate must be adjusted to half of the new normal cost rate. For FY 2023-24, the total normal cost rate for PEPRA school members has not changed by more than 1% of payroll since the last member rate adjustment. As a result, the member contribution rate for PEPRA members will remain at 8.00%. The member contribution rate for classic members is set by statute and will remain at 7.00%.

Additional Information

Additional information can be found on the CalPERS website in agenda item 5d (PDF) from the Finance & Administration Committee meeting held on April 17, 2023. The complete actuarial valuation report is expected to be available on the CalPERS website later this year.

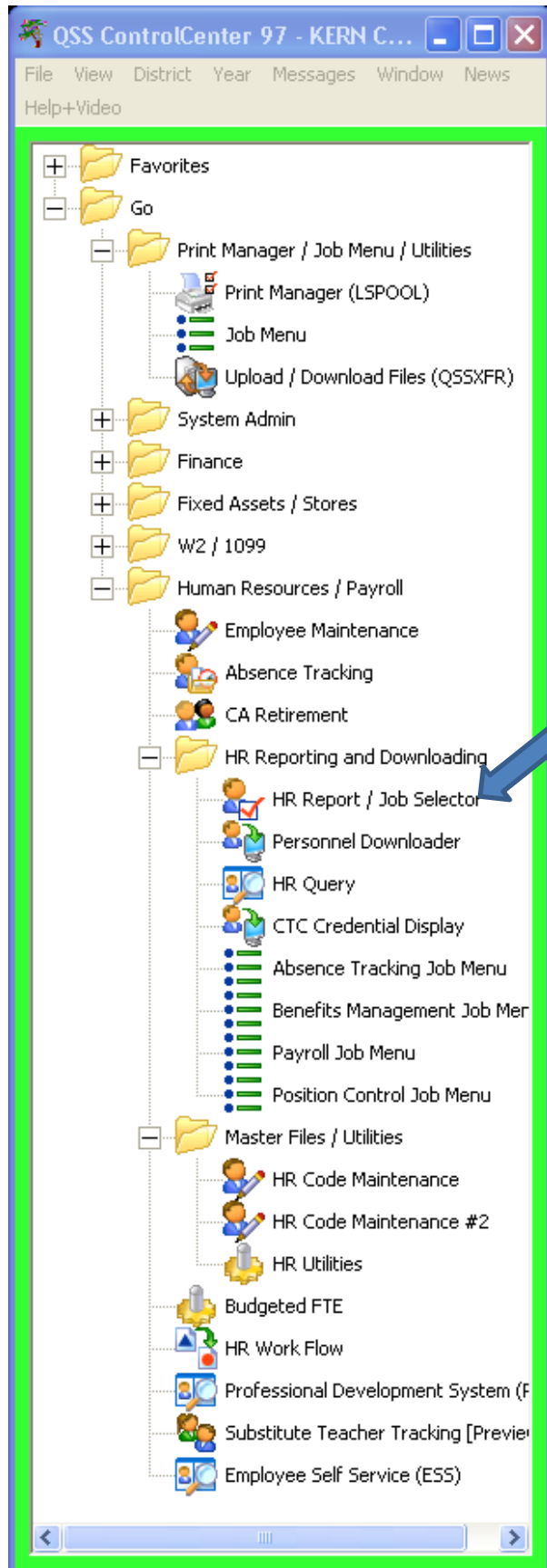
Questions

If you have questions, call our CalPERS Customer Contact Center at **888 CalPERS** (or **888-225-7377**).

Scott Terando, Chief Actuary
Actuarial Office

Updated: April 19, 2023

COPY PAYLINES



COPY PAYLINES

HR Report/Job Selector 97 - KERN CSOS TRUST/SERVICE FUNDS QSS/OASIS

File Options Help+Video

Reports Global Settings Field Selection Districts Employee Selection Custom Selection Screen Schedule Job

Show Reports Show Jobs Category: [v]

ID	Name	Description	Category	Access
501	PER680ST	Update Employee Experience	PER	No
502	ER990ST	Reset Job Code --> Job Category Relationship	PER	No
503	R994ST	Update PER-PAY Data From Employee's Prime Position	PER	No
504	500ST	Request Repair of Orphaned Positions	ABT	No
505	50ST	Reset Deduction Accumulators	DED	No
506	PL0900ST	Copy Paylines	PAY	Yes
507	PCT900ST	Re-Calculate Employee Projections	PAY	Yes
508	PCT920ST	Update D-EMP-POSITION with Bonus Recalculations	PAY	Yes
509	PL0402ST	Load Payline Data from Position Control (ENH)	PAY	No
510	ABT994ST	Update Employee Leave Pay Rate	ABT	No
511	PER810ST	Batch Employee Termination	PER	No
512	PER804ST	Reset Calendar Relationships	PER	No
513	PTI100ST	Payroll Timesheet Import	PAY	Yes
514	PCT902ST	Re-Calculate Employee Projections (EH PosCt)	PAY	Yes
515	PL0400ST	Load Payline Data from Position Control (STD)	PAY	Yes
516	PER800ST	Update Per-Pay Data from Employee Payroll/Pos Data	PER	No

Yr:2014 Dist:97 Site:0 5/27/2014 9:26 AM

COPY PAYLINES

HR Report/Job Selector 97 KERN CSOS TRUST/SERVICE FUNDS QSS/OASIS

File Options Help+Video

Reports Global Settings Field Selection Districts Employee Selection Custom Selection Screen Schedule Job

Job: pl0900st - Copy Paylines

Roll Selected Pay Lines to New Year

Required Data	Optional Data
Report Title: 23 to 24	
Run Mode: Report Only	Report Type: Source/Target
From Year: 23 To Year: 24	Non-Terminated Empl Only: <input type="checkbox"/>
Active/Inactive Paylines: Active	Make Inactive Active: <input type="checkbox"/>
Position Number Selection: Both	Zero the Pos Number: <input type="checkbox"/>
Exclude All Pay Lines with SP-EP: <input type="checkbox"/>	Blank the SP-EP: <input type="checkbox"/>
Balance of Contract Pay Line Selection: No Contract	

You should run the job in **Report Only** mode first and check the report to see if the result is correct. If report only mode shows odd entries do not proceed to update.

COPY PAYLINES

HR Report/Job Selector 97 KERN CSOS TRUST/SERVICE FUNDS QSS/1

le Options Help+Video

Reports | Global Settings | Field Selection | Districts | Employee Selection | Custom Selection Screen | Schedule Job

Job: pl0900st - Copy Paylines

Roll Selected Pay Lines to New Year

Required Data										Optional Data										
Bargaining Unit:																				
Pay Code:																				
Retirement System:																				
Pay Location:																				
Control Group:																				
Pay Type:																				
Pay Schedule:																				
Sta. Ded. Profile:																				
SP-EP:																				
Rate Type:											Rates From:		To:							
Units Treatment:	Honor Flag										Units From:		To:							
										Exclude paylines last paid before:			/	/						

This is where you can roll only certain lines. All NML lines need to be rolled before non-pay benefit run.

If you use 'Exclude paylines last paid before' option, you must separately copy your EBEN lines.

Lines can't be copied/rolled before your budget is rolled into year 24.

Lines in year 24 will be used to pay July Mid payrolls.

PUG MEETING 5/25/23, EE – employee, ER- employer, DD – direct deposit, SDU – State Disbursement Unit

01 Voluntary Deductions: EE 01 deductions post. But, ER side deductions require NML payline. There must be enough funds in the vol ded to cover the credit. If not, please post a positive on the ER side with a NML line to pay the credit. We can not print a negative warrant, if not enough funds we will post a transfer to cover credit out of obj code 9518.

PLEASE REVIEW 620 REPORT before submitting your prelist to auditing and clear negative TOTAL column. If you need assistance please call.

Bonus/Retros: Please contact Vicki before entering these to confirm the correct coding. **dates required, 1st day of month EE started and last date of month retro pays, e.g. 8/1/22-10/31/22**

Child Support/SDU: Employee vol ded and child support totals match. Any changes, please update both screens. If, you have issues, go to the child support screen and in the 'Percent' tab, enter 100 and save, DO NOT TAB OUT OF CELL. Run reports PAY228 & PAY600 for vol ded 0199, to verify child support balances.

Current Liability: July MIDa and MIDb payrolls you can pay with last year's budget. Indicate on 510 prelist title CL Payroll; July mida & July midb are current liability payrolls

Direct Deposit Prenotes: 2nd and last Friday of the month. If, you delete a Direct Deposit and the Employee isn't due the all the funds from the payroll, please complete a cancel form so that totals are not reported on their w2.

Direct Deposit email for direct deposit deletes/reversal/LOIs, please use directdepositdeletes@kern.org, new form too.

Direct Deposit enrollment: please verify you are receiving the request from the Employee and not fraudulent email request. Contact the employee through phone or personally to confirm the DD request if sent via email. A lot of fraudulent requests are received via email hacking. **PLEASE GIVE THIS NOTE TO YOUR ACCOUNTS PAYABLE STAFF for vendor requests.**

DOCKS: Please use the NML line to make sure you are using the correct St-Deds

If you are docking and using ESUP paylines and vol deds 8310 OASDI & 8335 Medi; negatives only work on the EE side only.

End of Year (EOY): CL (Current Liability) if July MIDA & MIDB payroll needs to be paid from last fiscal year budget; type on title of prelist CL (current liability), 'T's on Mid payrolls and Roll paylines include KILERB lines.

Pay620: Please review this report when requesting payroll prelist. No negatives, exceptions: Summer payout and STRS excess contribution refunds. If you have a negative please contact us to clear before submitting payroll to auditing.

Rolling new year paylines: you must roll budget first and then you can roll payroll lines. Make sure you roll your KILERb lines (non-pay benefits/retirees/board members)

Summer deferral payouts: Prelist for payout month June/July, they will be part of employee count, but not gross wages.

Summer deferral edits: When you are adding new staff with Summer deferral options. Please make sure the W4 control data screen payroll schedule matches their NML pay schedule. They must match for Summer to post correctly. The first payroll prelist of the year, run your report with vol ded details to inspect the Summer posted.

W4 changes: do not change the w4 on mid payrolls for EOM staff receiving mid supplemental pay. It will add back to EOM wages and cause the EE to pay more extra taxes and cause payroll run to halt.

5.16.23/ejp

Office of MARY C. BARLOW
Kern County Superintendent of Schools
Advocates for Children

Direct Deposit Delete/Reversal/LOI (letter of indemnity) Request

District () _____

Pay Day _____

Net Amount \$ _____

Employee Name _____

Routing Number _____

Account Number _____

Checking ☐

Savings ☐

Make Check Payable:

☐ Employee

☐ District

Send warrant: Courier ☐

Pick up: district ☐ employee ☐

US Mail: district ☐ employee ☐

Employee External ID _____

Final EE payout and/or terminating, please contact us for Summer Pay

Requested by: _____

Phone Number: _____

Email your requests: directdepositdeletes@kern.org

A Delete is possible 2 days before payday by noon, Reversal is after that deadline, LOI is 7 business days after pay. If, there is a holiday and/or our office is closed near these deadlines, please contact us for the adjusted deadline dates. Prenotes are processed on the 2nd and last Fridays of the month. Also, a prenote will post if staff have a DD change during their payroll run. Thank you, Elena Perez, 661.636.4662