

# TRI-COUNTY EDUCATIONAL SERVICE CENTER

## EMPLOYEE HANDBOOK



741 Winkler Drive  
Wooster, Ohio 44691  
Phone: 330.345.6771  
Fax: 330.345.7622

Web: [www.youresc.k12.oh.us](http://www.youresc.k12.oh.us)  
Hours: 8:00 a.m. to 4:30 p.m. ~ Monday thru Friday

8/16/24

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**SECTION A.**

**GENERAL PHILOSOPHIES  
AND POLICIES**

## **DISCLAIMER**

This Handbook was developed to provide information to employees of the Tri-County Educational Service Center concerning their employment. The provisions in this handbook are not to be deemed a provision or condition of your contract of employment. The Governing Board specifically reserves the right to modify or abrogate any provision in this handbook at any time and without any notice to its employees. This handbook is intended only for informational purposes and is not to be construed as imposing any obligation, contractual or otherwise, upon the Governing Board with respect to any subject it contains.

## **MISSION STATEMENT**

Tri-County Educational Service Center will provide evidence-based innovative services that meet the changing individual and collective needs of the educational community.

## **GENERAL PHILOSOPHIES AND POLICIES**

The Tri-County Educational Service Center (ESC) Governing Board is an elected nine-member Board representing three counties – Ashland, Holmes, and Wayne. The Board holds its regular meetings the second Monday of each month at 7:30 a.m. at the ESC Event Center, 700 Winkler Drive, Wooster. The Board office telephone number is (330) 345-6771.

The Governing Board adopts Board Policies that regulate the administration of the ESC. Many of those policies or excerpts of those policies are contained in this Handbook. The By-Laws and Policy Manual of the Tri-County Educational Service Center can be found in their entirety at the Tri-County ESC website [www.youresc.k12.oh.us](http://www.youresc.k12.oh.us) / Board Docs / Click on desired section & scroll through menu of policies. This Handbook is intended for the general guidance of ESC employees and not as a substitute for the ever-changing school law or the By-Laws and Policy Manual previously mentioned.

## **TRI-COUNTY ESC WEBSITE\***

The official website for Tri-County ESC is located at [www.youresc.k12.oh.us](http://www.youresc.k12.oh.us). The website is a forum to provide information to our customers whether they are school districts, parents, organizations, or community members. The website also contains information for Tri-County ESC employees through Staff Links & Forms. (Do not use the LOGIN button). The Employee Access Center (E.A.C) may also be accessed here for reviewing and updating employee information.

ESC personnel are encouraged to use the site to convey appropriate newsworthy items by contacting their immediate supervisors with items to be considered for posting. Such items may be, but are not limited:

- Announcements
- Event details
- Notable state and national policy changes affecting our clients
- Narratives on existing services
- ESC and affiliates' accomplishments
- Outcomes/results (academic competitions, district ratings, testing, state report cards, etc.)
- Links to and comments on outside articles relating to education; and
- Employment opportunities

The Staff Links & Forms is located on the main page and provides information and announcements pertinent to Tri-County ESC employees.

\*Reference Board Policy 7540.02



## **EQUAL EMPLOYMENT OPPORTUNITY\***

The Tri-County Educational Service Center Governing Board complies with all federal laws and regulations prohibiting discrimination and other applicable U.S. Department of Education requirements and regulations.

The Governing Board will not discriminate on the basis of race, color, religion, national origin, creed or ancestry, age, gender, marital status or disability.

The Governing Board provides equal employment opportunities to all qualified individual and provides equal employment opportunity in hiring, employment, promotions, wages and all terms and conditions of employment. The Governing Board asserts that no professional staff member or candidate for such position at the Tri-County ESC shall be discriminated against, excluded from participation in, denied the benefits of, or otherwise subjected to discrimination in any program or activity for which the Governing Board is responsible or for which it receives federal financial assistance.

\*Reference Board Policy 2260; 2260.01; 3122

# **TITLE IX AND SEXUAL HARASSMENT**

## **COORDINATOR\***

Title IX is a comprehensive federal law that prohibits discrimination on the basis of sex in any federally funded education program or activity. The principal objective of Title IX is to avoid the use of federal money to support sexually discriminatory practices in education programs such as sexual harassment and employment discrimination, and to provide individual citizens effective protection against those practices. Title IX applies, with a few specific exceptions, to all aspects of federally funded education programs or activities. In addition to traditional educational institutions such as colleges, universities, and elementary and secondary schools, Title IX also applies to any education or training program operated by a recipient of federal financial assistance. *Title 20 U.S.C. Sections 1681-1688.*

The Title IX regulations require recipients to designate a Title IX Coordinator, adopt and disseminate a nondiscrimination policy, and put grievance procedures in place to address complaints of discrimination on the basis of sex in educational programs and activities. The Governing Board appoints a Title IX Coordinator to assure compliance with the regulations.

Title IX Coordinator & Investigator: Kris Perone, Director of Curriculum & Instruction

School District: Tri-County Educational Service Center

Address: 741 Winkler Drive, Wooster, OH 44691

Telephone: 330-345-6771, ext. 232

E-mail: [tesc\\_kperone@tccsa.net](mailto:tesc_kperone@tccsa.net)

\*\*\*\*\*

Title IX Decision Maker: Sandy Stebly, Director Preschool  
School District: Tri-County Educational Service Center  
Address: 741 Winkler Drive, Wooster, OH 44691  
Telephone: 330-345-6771, ext. 269  
E-mail: [tesc\\_sstebly@tccsa.net](mailto:tesc_sstebly@tccsa.net)

\*\*\*\*\*

Title IX Investigator: Brett Lanz Director and Programmer for Support Services  
School District: Tri-County Educational Service Center  
Address: 741 Winkler Drive, Wooster, OH 44691  
Telephone: 330-345-6771, ext. 272  
E-mail: [tesc\\_blanz@tccsa.net](mailto:tesc_blanz@tccsa.net)

\*Reference Board Policy: 3122; 3139; 4122; 4139

Sexual harassment is a form of discrimination, in the United States, that violates *Title VII of the Civil Rights Act of 1964*.

Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature when: (1) submission to such conduct is made a term or condition of employment or participating in educational programs; or (2) submission to or rejection of such conduct is used as a basis for employment or academic decision affecting the individual; or (3) such conduct has the purpose or effect of unreasonably interfering with an employee's work performance or student's academic performance creating an intimidating, hostile, or offensive working or learning environment.

The Tri-County Educational Service Center Governing Board recognizes the members of the ESC staff's right to freedom from employment discrimination includes the condition to work in a workplace which is untainted and free from sexual harassment. The Governing Board maintains that sexually offensive speech and conduct and threatening behavior consisting of any words or deeds that intimidate an employee are wholly inappropriate to the harmonious employment relationships necessary for the effective operation of the ESC; further, such speech and conduct are intolerable in a workplace where students are present. The sexual harassment of any ESC staff member or student is strictly prohibited.

The Governing Board will hold subject to discipline any ESC staff member or agent of the ESC who is found guilty of sexually harassing any other staff member, student or ESC employee.

The Governing Board appoints a Sexual Harassment Compliance Officer to receive and investigate reports of incidents of sexual harassment.

Sexual Harassment Compliance Officer:

Sexual Harassment  
Compliance Officer: Kris Perone, Director of Curriculum of Instruction

School District: Tri-County Educational Service Center

Address: 741 Winkler Drive, Wooster, OH 44691

Telephone: 330-345-6771, ext. 232

E-mail: [tesc\\_kperone@tccsa.net](mailto:tesc_kperone@tccsa.net)

\*Reference: Board Policy 3362; 3139; 4139; 4362

## **COPYING COPYRIGHTED MATERIALS\***

The Educational Service Center Governing Board encourages professional staff members to make judicious use of appropriate printed materials, sound recordings, and electronic programs in their work. It recognizes, however, that Federal law, applicable to public school districts, protects authors and composers from the unauthorized use of their copyrighted work.

Employees are responsible for familiarizing themselves with the guidelines for fair and reasonable use and adhering to those guidelines.

# Accident/Incident Reporting\*

The Governing Board is committed to the health and safety of its employees; and directs that all reasonable efforts be made to ensure a safe work and learning environment for all ESC employees and students.

In order to expedite legitimate compensation claims, employee/student must file a written accident/incident report (received and signed by their program supervisor) to the Compliance Officer. Employees/students are to submit the report on the Accident Analysis Worksheet form located in the FORMS section of the Employee Handbook and in the administrative offices. Administrative staff will refer the injured person to the appropriate personnel for direction regarding medical attention and other related information. In the case of an accident/incident to a student, the ESC employee responsible for the student's supervision at the time of the accident/incident shall promptly complete all sections of the Accident Analysis Worksheet including but not limited to the following:

- Date, time, and location of the incident
- Names of all persons involved;
- The nature of the injury to the extent that is known;
- A description of all relevant circumstances; and
- Other essential/requested information.

The employee shall submit the worksheet to his/her immediate supervisor who will verify all information and then sign the worksheet and forward the report to the Compliance Officer.

Any employee who suffers a job-related injury must report the injury and circumstances surrounding it to his/her immediate supervisor as soon as possible following the injury. The employee must complete the Accident Analysis Worksheet and submit it to his/her immediate supervisor who verifies all information signs the worksheet and submits it to the Compliance Officer. Any employee who fails to comply with this reporting mandate is subject to disciplinary action.

If an injury occurs at an off-site workplace, we want to ensure that all attending parties are adequately informed for promptly addressing the injured employee's needs and taking corrective action to prevent a reoccurrence. Therefore, it is essential that the injured staff member and his/her immediate supervisor review the accident/incident and submit the Accident Analysis Worksheet to the Compliance Officer for review, conduct necessary follow-up do document evidence of "what has been or is being done to prevent a reoccurrence" and file appropriately. Further, it is important that the injured employee and his/her supervisor work closely to develop and activate a plan to prevent reoccurrence of the accident/incident.

Compliance Officer: Sandy Stebly, Preschool Administrator  
School District: Tri-County Educational Service Center  
Address: 741 Winkler Drive, Wooster, OH 44691  
Telephone: 330-345-6771, ext. 269  
E-mail: tesc\_sstebly@tccsa.net

\*Reference: Board Policy 8442; 3139; 4139



# **INDIVIDUAL TRI-COUNTY ESC RELATED** **COMMUNICATIONS\***

Employees must secure prior approval from their immediate supervisors before releasing any official communications in the name of the Tri-County ESC or any of its programs to the public or ESC clients.

\*Reference: Board Policy 3231.01

## **COMPUTER USE\***

Tri-County ESC Governing board makes every effort to provide quality computer equipment to applicable employees. Although normal wear and tear is expected, the ESC makes every attempt to maximize the usable life of equipment and software. Users must also be responsible for helping the ESC maintain the quality of its computer hardware inventory by taking responsible precautions with the equipment and avoiding situations in which equipment could be damaged, lost or stolen. Examples of such situations include but are not limited to the following: opening the hardware case and removing parts; leaving the equipment exposed to weather conditions; and setting food or drinks on or around the computer risking spills and electrical damage. The ESC will bill employees for repairs beyond normal wear and tear and the replacement of any lost or missing parts required to restore the computer hardware to a useful state.

Computers are primarily for ESC business use. Family members are not approved users.

Check with the Technology Coordinator before installing ANY hardware and software, including Internet downloads.

Technology Coordinator: David Holt

School District: Tri-County ESC/Tri-County Computer Association

Telephone: 330-345-6771, ext. 261

E-mail: [holt@tccsa.net](mailto:holt@tccsa.net)

\*Reference: Board Policy 7540.01; 7540.04

## **TECHNOLOGY PRIVACY\***

The Governing Board recognizes its staff members' right to privacy in their personal lives. This policy serves to inform staff members of the Board's position with respect to staff-member privacy in the educational and workplace setting and to protect the Board's interests.

All computers, telephone systems, electronic mail systems, and voice mail systems are the Board's property and are to be used primarily for business purposes. The Board retains the right to access and review all electronic and voice mail, computer files, data bases, and any other electronic transmissions contained in or used in conjunction with the Board's computer system, telephone system, electronic mail system, and voice mail system. Staff members should have no expectation that any information contained on such systems is confidential or private.

Review of such information may be done by the Board with or without the staff member's knowledge. The use of passwords does not guarantee confidentiality, and the Board retains the right to access information in spite of a password. All passwords or security codes must be provided to the Board upon request. A staff member's refusal to permit such access may be grounds for discipline up to and including discharge.

Computers, electronic mail, and voice mail are to be used for business and educational purposes. Staff members are encouraged to keep their personal records and personal business at home.

Because the Board's computer and voice mail systems are to be used primarily for business and educational purposes, staff members are prohibited from sending offensive, discriminatory, or harassing computer, electronic, or voice mail messages.

The Board is interested in its resources being properly used. Review of computer files, electronic mail, and voice mail will only be done in the ordinary course of business and will be motivated by a legitimate business reason. If a staff member's personal information is discovered, the contents of such discovery will not be reviewed by the Board, except to the extent necessary to determine if the Board's interests have been compromised. Any information discovered will be limited to those who have a specific need to know that information.

The administrators and supervisory staff members authorized by the Superintendent have the authority to search and access information electronically.

All computers and any information or software contained therein are property of the Board. Staff members shall not willfully copy, delete, or remove any information or data contained on the Board's computers/servers without the express permission of the Superintendent or designee or communicate any such information to unauthorized individuals. In addition, staff members may not copy software on any Board computer and may not bring software from outside sources for use on Board equipment without the prior approval of the Superintendent. Such pre-approval will include a review of any copyright infringements or virus problems associated with such outside software.

\*Reference: Board Policy 7540.01; 7540.04

## **DISASTER RECOVERY PLAN\***

The Governing Board recognizes the necessity of having procedures in place to insure the rapid and efficient recovery of our automated operations should our equipment malfunction or become disabled due to a natural disaster or a terrorist attack. The following policies and procedures will facilitate that recovery plan:

- The Tri-County ESC servers are backed up nightly.
- Each employee maintains programs and files on individual workstations. If backups are required, it is the responsibility of each employee to perform the backup.
- As a member of the Tri-County Computer Service Association (TCCSA) the Tri-County ESC coordinates its recovery plan with the TCCSA Disaster Recovery plan.
- In the event our connectivity is lost with TCCSA, the Tri-County ESC has made arrangements with TCCSA to use their facilities to maintain connection and operation of required services, i.e., payroll, payment of bills, EMIS submission. The Wayne County Schools Career Center would be used if the problem were wide spread throughout the City of Wooster.
- Off-site programs maintain copies of payroll sensitive documents for one month. Fiscal office services (payroll, purchases, warrant checks) are performed daily as applicable to contain the loss of documents to one-day's business.

\*Reference: Board Policy 7541

## **FREQUENT FLYER MILES**

No Tri-County Educational Service Center official, employee or its representative may accumulate “frequent flyer” miles earned on official travel which is paid for or reimbursed by the ESC. Any miles earned as a result of ESC paid or reimbursed official travel must be used for future official travel for that employee or another employee of the ESC, or must be forfeited.

## **SECTION B.**

# **EMPLOYMENT AND ORIENTATION PROCESS**

## **JOB DESCRIPTIONS\***

Each employee will receive their job description at the time of employment and any revisions thereto. Job descriptions for District Employment Requests (DERF) are the responsibility of the district requesting the position.

Employees will be evaluated, in part, based on their job descriptions unless evaluated under OTES or OPES first.

\*Reference: Board Policy 1400



## **CERTIFICATED STAFF ONLY\***

### **INDIVIDUAL PROFESSIONAL DEVELOPMENT PLAN**

#### **(I.P.D.P)\***

*Not applicable to District Employee Requests (DERFs). Such personnel will adhere to the district program unless otherwise directed.*

Employees must maintain active licensure applicable to their individual job descriptions.

The Governing Board appoints a Local Professional Development Committee (LPDC) to assist employees in maintaining appropriate licensure. Educators who are renewing a license(s) must work with the LPDC to complete the renewal process.

Educators who are working under a professional five-year license(s) are responsible for meeting requirements for renewing the license(s).

Using the Individual Professional Development Plan (IPDP) found on the ESC webpage under Staff Links & Forms each employee is responsible for renewing his/her license(s) and must complete the following steps in this process:

- Develop an Individual Professional Development Plan (IPDP) which is based on the ESC Standards for Professional Development, the district's needs to which he/she is assigned and the goals of the educator;
- Electronically submit the IPDP to the LPDC for approval at the beginning of the licensure cycle;
- Electronically submit documentation of Professional development (transcripts, certificates of attendance, etc.) for LPDC approval;
- Submit the completed license renewal application electronically on the ODE website.
- Complete a Bureau of Criminal Investigation (BCI) background check (fingerprint) and a Federal Bureau of Investigation (FBI) background check if applicable.

**Licensure renewal is the individual educator's responsibility. The Tri-County Educational Service Center LPDC is not held responsible for failure to secure renewal.**

\*Reference: Board Policy 3242

## MANATORY TRAINING

Tri-County Educational Service Center is fully committed to the health and safety of all faculty, staff, students and visitors.

As part of Tri-County ESC's ongoing program to meet this safety commitment, comply with regulatory requirements, and contain health care costs, **all employees must complete certain safety training**, when they first start employment and periodically thereafter. The courses are available through the PublicSchoolWORKS online staff training system.

To begin, employees will need to complete online courses within **60 days** of receiving an email from PublicSchoolWORKS . The email will contain an Internet link and instructions and on how to complete your specific required courses.

## **CONTRACTS AND SALARY NOTICES**

In accordance with Ohio law and for the mutual protection of the ESC and the employee, every staff member shall be required to enter into a written employment contract. Renewals of contracts for staff are issued in May of each year

While the Governing Board makes every attempt to adopt annual salary schedules as soon as possible for the next year, financial data is not always available until late in the fiscal year. Therefore, Salary Notifications are issued no later than July 1st of each year in accordance with Revised Code. Training and years of awarded experience on which the salary is based are stated on the Salary Notification along with the number of work days in the contract if applicable.

Most staff will develop a calendar with his/her immediate supervisor that reflects the number of days in his/her individual contract. This calendar indicates your work days and may be viewed in the Employee Access Center. Any deviation from said calendar, must be approved by the immediate supervisor and reported to the Treasurer's office.

Staff employed on an "as needed" basis are paid on timesheets and will not have a calendar.

## **E-MAIL\***

All employees will be assigned an ESC e-mail or district e-mail account after signing the Tri County Computer Services Association (TCCSA) Acceptable Use Policy. All direct deposit information will be sent to each individual's e-mail account. You will receive from TCCSA your e-mail username and temporary password. Upon receipt of this information, you should immediately change your password to your own.

The following steps should be followed to access your email:

- Go to the **TCCSA home page** (<http://www.tccsa.net>)
- Click on the **Outlook 365 Email**.

Another feature found on the TCCSA home page ([www.tccsa.net](http://www.tccsa.net)) is Password Self Service Portal (<https://selfservice.tccsa.net/showLogin.cc>) Register your email account as soon as you receive your email account information. By registering this will give you the ability to reset or change your email password yourself anytime anywhere.

If you need further assistance in resetting your password, you must call Liz Shaffer at 330-345-6771 ext. 233. **DO NOT CALL TCCSA.**

\*Reference: Board Policy 6510; 7540.04

## **EMPLOYEE ACCESS CENTER (E.A.C)**

The Employee Access Center (E.A.C.) can be used to view all of your employee record information, make changes to your demographic information, such as your address or phone numbers, or to simply print out the most recent W-2 copies for your taxes. You can also retrieve and view payroll history here as well.

You may log into the E.A.C. by clicking on the link found under STAFF FORMS on the Tri-County website or from the T.C.C.S.A. home page, listed under the Application Logins as:



Please keep in mind when accessing the E.A.C, that you must know the email address of record, which is usually your official TCCSA email account or the account of your home district. (Whichever email address that your direct deposit notice goes to, is the one that you should use)

Additional instructions for logging in and accessing the E.A.C. can be found in the back of this handbook and on our website under the STAFF LINKS & FORMS tab at the bottom of the page.

## **CERTIFICATED STAFF ONLY\***

### **HORIZONTAL MOVEMENT** **ON SALARY SCHEDULE\***

Horizontal movement on the salary schedule may be granted if the following conditions are met:

- courses shall have been given at an accredited institution and approved by the LPDC as applicable
- courses must have been taken after the award of the last obtained degree other than the attainment of 150 semester hours
- successful completion of the course(s) shall be designated by an official transcript as submitted to the superintendent

Changes in the salary due to horizontal movement will be made by October 1 and February 1 upon compliance with these regulations:

- Any transcripts received up until October 1st will be effective the beginning of the current contract year
- Any transcripts received between October 1st and January 31st will be effective February 1st
- Any transcripts received after January 31st will not be honored until the next contract year

\*Reference: Board Policy: 3412

## **SEVERANCE PAY\***

In accordance with statute, all employees who present evidence of retirement from active service with the Tri-County Educational Service Center Governing Board shall be granted severance pay for their accrued but unused sick leave days. This policy specifies the manner for doing so.

The Governing Board authorizes the payment to a retiring employee of 1/4 of the unused sick leave days to a maximum of fifty-two (52) days under the conditions hereinafter specified. An employee must be employed for a minimum of three (3) years to qualify.

For purposes of this policy "retirement" means retirement under State Teachers Retirement System or State School Employees Retirement System and does not include disability retirement.

- A. In order to qualify for severance, pay, an employee shall have made application to the State Teacher Retirement System or State Employees Retirement System within one month prior to the effective date of retirement.
- B. Calculation of severance pay shall be on the basis of fifteen (15) days of yearly accrued sick leave per year of service to the Tri-County Educational Service Center Governing Board up to a maximum of 262 days.
- C. If approved, severance pay will be made by the Governing Board in the following manner.
  1. Payment shall be made no later than sixty (60) days after the application is filed and the employee's retirement is verified to the office of the Treasurer by the retirement system
  2. Employees who are retired from any of the state retirement systems will not be eligible for severance pay
  3. Such payment shall be made only once to an employee.
  4. Payment shall be based upon the employee's daily rate of base pay based on the days of service at the time of retirement exclusive of overtime or any supplemental pay.

Payment of severance pay shall eliminate all obligations of the employer at the time of retirement from any further payment or restoration of sick leave unused.

\*excluding Superintendent and Treasurer

\*Reference: Board Policy 3415; 4415

## **PAYROLL RELATED ISSUES**

The following is a list of answers to frequently asked questions relating to the payroll process:

- Contract and payroll forms will only be issued after official employment by the Tri-County ESC Governing Board.
- Paychecks are issued on a 24-pay per calendar year basis – every 5<sup>th</sup> and 20<sup>th</sup>.
- The Governing Board authorizes the withholding of salary or wages for unapproved time off in accordance with Governing Board Policy or State Law.
- Paychecks are issued in the form of electronic transfer (direct deposit) which is mandatory for all employees. Any changes in banking information should be directed to the payroll officer immediately and done so by initiating the change in the EAC and completing a new direct deposit form. The direct deposit form can be found on the ESC webpage under forms.
- All employees will receive their paycheck information (direct deposit notification) in the form of email. New employees will be assigned a TESC email account address upon their completion of the Network Privacy and Acceptable Use Policy form unless District assigns a District email. The employee may receive the email notification of the paycheck any time during payroll week, but the funds will never be available before 12:01 AM the day of payday. Frequently asked questions about this process on pages 34-35.
- The ESC is permitted to act on behalf of individual employees to deduct a certain amount from the employee's paycheck and remit to an agent designated by the employee. The ESC is required to make deductions from the wages of employees for:
  - Federal income tax, state income tax, municipal income tax, if applicable, and school district income tax – as designated by the employee on the applicable payroll form
  - STRS – 14%
  - SERS – 10%
  - Medicare – 1.45%
- The employee's share of STRS/SERS is tax-sheltered (Federal and State income tax only) and reported as such on the employee's annual W-2 statement.



- The Governing Board contributes 14% of each employee's gross earnings to the applicable retirement system in the employee's name. Further questions regarding retirement system policies may be directed to:
  - STRS – 1-888-227-STRS or [www.strsoh.org](http://www.strsoh.org)
  - SERS – 1-866-280-7377 or [www.ohsers.org](http://www.ohsers.org)
  
- The ESC further allows that employees may authorize deductions for the following:
  - United Way
  - Employee's share of group health insurance (current rates are located in the Insurance Section of this Handbook)
  - Tax-deferred Contributions to the Tri-County ESC 403B Annuity Plan.
  - Participation in the Tri-County ESC Cafeteria Plan
  - Ohio Deferred Compensation
  
- For security purposes, we have implemented the use of the Employee Access Center (E.A.C) to be used for all updates of your address, or other demographic changes, as well as ALL additions or changes to your direct deposit banking information. The link to the E.A.C. can be found on the Tri-County Website or on the T.C.C.S.A. home page. (See page 28 and the rear of the handbook for more information about the E.A.C.)
  
- Group Saving Plus - Due to an alliance the Ohio ESC Association has formed with the Liberty Mutual Insurance Company, you may purchase auto and home insurance at special discounted rates and with convenient payment options. To receive a quotation, contact Liberty Mutual at 800-253-7211, ext. 204.



## WHO TO CALL WITH QUESTIONS? 330-345-6771

### RENEE PRESLEY, ASSISTANT TREASURER - Extension 256

- HR Related Questions
- Insurance
- Family Medical Leave Act
- Worker's Compensation
- Employee Contracts
- District Contracts

### KERI BERGER, ACCOUNTS PAYABLE – Extension 257

- Professional Development Reimbursement
- Mileage Reimbursement
- Requisitions
- Purchase Orders

### LEE ANN RACE, PAYROLL – Extension 227

- Taxes
- W-2 Information
- Direct Deposit/Banking
- Employee Access Center (EAC)
- Electronic Timesheet Submission (ETS)
- Payroll Deductions
- Leave Forms

### LIZ SHAFFER, SUPERINTENDENT SECRETARY – Extension 233

- District Employee Request Form Information
- Transcripts
- Licensure
- I.P.D.P
- BCI/FBI Background Checks
- Email Issues



# Tri-County Educational Service Center

## Frequently Asked Questions

### E-Mail Direct Deposit Notification

In an effort to reduce costs, Tri-County Educational Service Center has moved to an email delivery of direct deposit notifications. Tri-County Computer Services Association (TCCSA) maintains in network e-mail accounts for all Ashland, Wayne & Holmes County member districts. If you currently have an in-network e-mail address your direct deposit notification will be delivered to that address. If you currently do not have an in-network e-mail account established it will be necessary to complete a Network Privacy and Acceptable Use Policy form to establish a new account. Those employees who do not establish an e-mail account will no longer receive notification of direct deposits.

**Q:** What if I want a hard copy of my notice?

**A:** If you prefer to maintain a hard copy of your notification, you may simply print your notification using the print icon on your computer (the same as you would print any other document).

**Q:** How secure is e-mail notification of direct deposit?

**A:** TCCSA provides secured connections to e-mail within the TCCSA network and from outside the network through E-Mail using Secured Socket Layers (SSL).

**Q:** Should my financial institution ever require a copy of my most recent pay stub, what do I need to do?

**A:** If for any reason your financial institution does not accept a copy of your e-mail notification, please notify the Treasurer's Office in writing and we will be happy to forward a written document to them.

**Q:** During the summer months I don't have access to a computer. How will I get my notifications?

**A:** Your e-mail notifications will remain in your inbox until you delete or file them. At any time, you are unable to receive your e-mail notifications you may call your financial institution to verify your deposit amounts.

**Q:** When will I receive my e-mail notification?

**A:** Payroll deadlines dictate that e-mail notifications be sent electronically no later than 36 hours before pay-dates, which are normally the 5<sup>th</sup> and 20<sup>th</sup> of the month. If these dates fall on a holiday or weekend, pay will be available the last business day prior to the 5<sup>th</sup> or 20<sup>th</sup>. For most of you, receiving e-mail notifications will provide you with your pay information earlier than the hard copy would reach you.

**Q:** Will my social security number appear in my e-mail notification?

**A:** For security reasons your social security number will NOT appear in your e-mail notification.

**Q:** Will my bank account number appear in my e-mail notification?

**A:** For security reasons your bank account number will NOT appear in your e-mail notification. Reference will be made to either a checking account or savings account and the dollar amount associated with that account will be indicated.

**Q:** Will a virus compromise my email Direct Deposit Notification in any way?

**A:** Your DD Notification is automatically generated by the payroll system that resides on the mainframe computer at TCCSA. The resulting e-mail notification is contained in a secure and virus free environment as long as it remains and is viewed in your TCCSA.NET E-Mail account. Printing a copy of your Direct Deposit Notification will not expose your Notification to a virus.

**Q:** What if I have trouble with my TCCSA email account password?

**A:** You can view your E-Mail from any computer that is capable of connecting to the Internet. Inside your Outlook Web Access, you can change your password at the bottom of the options page. You must know your current password to change to a new one. It is never advisable to allow any computer to remember your password for you.

### **FORGOT YOUR PASSWORD?**

You have the ability to reset your email password by registering your email account at <https://selfservice.tccsa.net/showLogin.cc>. Please note this must be done prior to using the service.

If you need further assistance in resetting your password, you must call Liz Shaffer at 330-345-6771 ext. 233. **DO NOT CALL TCCSA.**

**Tri-County Educational Service Center  
2024-2025 Payroll Schedule**

<i>Payroll Period</i>		<i>Timesheets Due to ESC Payroll Officer</i>	<i>Pay Date</i>
<i>Begin Date</i>	<i>End Date</i>		
July 6, 2024	July 20, 2024	July 25, 2024	August 5, 2024
July 21, 2024	August 5, 2024	August 9, 2024	August 20, 2024
August 6, 2024	August 20, 2024	August 26, 2024	September 5, 2024
August 21, 2024	September 5, 2024	September 11, 2024	September 20, 2024
September 6, 2024	September 20, 2024	September 26, 2024	October 4, 2024
September 21, 2024	October 5, 2024	October 10, 2024	October 18, 2024
October 6, 2024	October 20, 2024	October 25, 2024	November 5, 2024
October 21, 2024	November 5, 2024	November 11, 2024	November 20, 2024
November 6, 2024	November 20, 2024	November 25, 2024	December 5, 2024
November 21, 2024	December 5, 2024	December 11, 2024	December 20, 2024
December 6, 2024	December 20, 2024	December 23, 2024	January 3, 2025
December 21, 2024	January 5, 2025	January 9, 2025	January 17, 2025
January 6, 2025	January 20, 2025	January 27, 2025	February 5, 2025
January 21, 2025	February 5, 2025	February 10, 2025	February 20, 2025
February 6, 2025	February 20, 2025	February 25, 2025	March 5, 2025
February 21, 2025	March 5, 2025	March 12, 2025	March 20, 2025
March 6, 2025	March 20, 2025	March 26, 2025	April 4, 2025
March 21, 2025	April 5, 2025	April 10, 2025	April 18, 2025
April 6, 2025	April 20, 2025	April 24, 2025	May 5, 2025
April 21, 2025	May 5, 2025	May 9, 2025	May 20, 2025
May 6, 2025	May 20, 2025	May 27, 2025	June 5, 2025
May 21, 2025	June 5, 2025	June 10, 2025	June 20, 2025
June 6, 2025	June 20, 2025	June 25, 2025	July 3, 2025
June 21, 2025	July 5, 2025	July 10, 2025	July 18, 2025

## **TRI-COUNTY EDUCATIONAL SERVICE CENTER STAFF EXTENSION NUMBERS**

330-345-6771

Jon Ritchie – Superintendent – 233  
Mary Workman – Treasurer - 242  
Kris Perone – Director – 232  
Sandy Stebly – Director - 269  
Stephanie Baker – Behavioral Specialist - TBA  
Tracey Bender – EMIS/Medicaid Coordinator – 222  
Keri Berger – Accounts Payable – 257  
Beth Gaubatz – Career Connections - 250  
Brett Lanz – Director and Programmer for Support Services – 272  
Julie Keener – Grant Writer 330-345-6771  
Katie Kirkpatrick – Math Consultant – 294  
Jill Kelly – Math Consultant - 265  
Jennifer Marrah – Consultant - 237  
Karen Miller – Secretary/Substitute Coordinator – 228  
Tiffany Miller – Secretary – 268  
Michelle Muro – Fine Arts Consultant – 253  
Karen O’Hare – PD Consultant - 243  
Renee Presley – Treasurer Assistant – 256  
LeeAnn Race – Payroll Officer - 227  
Liz Shaffer – Secretary Superintendent’s Office – 233  
Michele Spreng – Parent Mentor - 263  
Debbie Stoler – Secretary/Fine Arts Office – 270  
David Holt - Technology - 261  
Preschool – 330-262-2262

## **EXIT REQUIREMENTS**

As stated on each employee's employment contract, all final reports required by the appropriate Director, all keys, all equipment, supplies, furniture and fixtures, and all resources owned by the Tri-County ESC must be returned to the immediate supervisor before final payment of the employment contract will occur.

**SECTION C.**  
**LEAVE POLICIES**



## **JURY DUTY**

Employees who serve on jury duty will not be penalized in any way for doing so, as long as the following procedure is followed:

1. Submit leave to your immediate supervisor in the form of a staff absence request (or AESOP entry for Pre-School staff) as JURY DUTY for approval. A copy of your jury duty summons must be submitted with leave request.
2. Employees who report to jury duty, but who are not selected to service are expected to report back to work for the remainder of the workday unless approved by immediate supervisor. Court documentation along with supervisors' approval must be sent to Tri-County ESC. Time should be reported in ¼ day increments.
3. Once payment is received from the court, it must be forwarded to the attention of Accounts Payable in the Treasurer's office.
  - a. If payment is a check, it must be endorsed prior to being mailed or dropped off.
  - b. If payment is issued as cash, then the amount shown on the court receipt, less any travel allowance, should be submitted along with a copy of the court record.

Failure to follow this policy will result in the employee being required to use personal leave for paid time off or unpaid leave will be applied for that absence if no personal leave is available to use.

\*Reference: Board Policy 3435; 4435

## **SICK, PERSONAL, AND VACATION LEAVE**

It is the responsibility of each employee to report to and submit appropriate leave forms to their immediate supervisor in accordance with Governing Board policies and State Law. Forms may be obtained in the Forms Section of this handbook, from department secretaries, or from the central office supply, or on-line. Please copy as needed. You will only receive a copy back if disapproved. Please use current forms.

Sick, personal, and vacation leave requests are deducted in increments of  $\frac{1}{4}$  day,  $\frac{1}{2}$  day,  $\frac{3}{4}$  day or 1 whole day. The appropriate forms must be completed by the employee, approved by the employee's appropriate supervisor, and forwarded to the Superintendent for final approval. The approval is pending the Treasurer's certification that the employee has available accrued leave.

1. Sick leave for doctor or dentist appointments should be taken in increments of  $\frac{1}{4}$  day,  $\frac{1}{2}$  day,  $\frac{3}{4}$  day or 1 full day. Each absence must be itemized on the sick leave form and turned in as each absence occurs. Do not hold the form. Notification must still be given all supervisors in advance of absence. If the leave is not taken after approval is obtained, please notify the Payroll Officer in the Treasurer's Office and the leave will not be deducted.

2. It is the employee's responsibility to monitor their leave usage and the balances. Due to payroll software restrictions, all days used will be posted concurrent with each payroll's period dates. If for some reason a leave form with a date used before the current payroll period dates is received, it will be posted on the next payroll. A payroll schedule, with all pay dates and their respective period dates, is in Section B, page 36 of this Handbook.

Vacation leave days earned, if applicable, will be accrued and added to the employee's balance during the first pay run of each month and are posted in arrears. For example, the leave earned for September will appear on the payroll direct deposit notification of the October 5<sup>th</sup> pay.

Sick leave days earned will be accrued and added to the employee's balance during the second pay run of the current month earned. For example, the leave earned for September will appear on the direct deposit notification of the September 20<sup>th</sup> pay.

## **SICK LEAVE\***

The Governing Board recognizes its statutory duty to pay employees of this ESC in full for days on which they are absent from work for reasons of personal disability or pregnancy, and illness, injury or death in the employee's immediate family.

All employees of the ESC eligible for sick leave shall receive fifteen (15) such sick leave days annually at the rate of one and one-quarter a month. Unused sick leave shall be cumulative up to 265 days. Regular part-time employees shall be entitled to sick leave in proportion to the time actually worked.

The Governing Board shall accept by transfer the accumulated sick leave up to 265 days which any new employee has acquired in another position of public service in Ohio.

A. USE OF SICK LEAVE - Sick leave may be used for the following purposes and must have the approval of the Superintendent:

1. For absence of the employee due to personal illness, injury, pregnancy, or exposure to a contagious disease which could be communicated to other employees or to students.
2. For absence of the employee due to illness or injury of someone in the employee's immediate family. In this section the employee's immediate family is defined to mean a member of the immediate family of the employee residing in the home of said employee and shall also include the employee's parents, brother, sister, son or daughter, father-in-law and/or mother-in-law, and spouse if not residing with the employee.

The exact number of days granted under this section shall be determined by the circumstances.

3. For absence due to death in the immediate family of an employee. In this section the immediate family of an employee is defined to mean the father, mother, brother, sister, son, daughter, husband, wife, grandmother, grandfather, father-in-law, mother-in-law, brother-in-law, or sister-in-law, and any other relative of the employee as approved by the Superintendent.

The exact number of days granted shall be determined by the family relationship and the circumstances surrounding the death.

- B. VERIFICATION OF SICK LEAVE - An employee requesting use of sick leave shall furnish a written signed statement to justify the use of sick leave. The filing, by an employee, of any willfully false statement concerning the cause or duration of an absence shall be considered by the Educational Service Center Governing Board as grounds for suspension or dismissal.
  
- C. ELIGIBILITY FOR SICK LEAVE - A sick leave of absence shall commence when the employee or agent, if the employee is sufficiently disabled, reports the absence. Whatever the claims of disability, no day of absence shall be considered to be a sick leave day on which the employee has engaged in or prepared for other gainful employment, has participated in a concerted work stoppage, or has engaged in any activity which would raise doubts regarding the validity of the sick leave request.
  
- D. RECORDS OF SICK LEAVE - The personnel records of this ESC shall show the attendance of each employee, and such days as that employee may be absent shall be recorded with the reason for such absence noted. A record shall be made of the unused sick leave days accumulated by each employee.
  
- E. RETIREMENT COMPENSATION - Upon retirement an employee may be compensated a portion of the unused sick leave in accordance with Governing Board policy on severance pay.

\*Reference: Board Policy 3432; 4432

## **PERSONAL LEAVE\***

The Governing Board shall, pursuant to the provisions of this policy, provide for an employee's absence for personal necessity.

The Governing Board reserves the right to specify within the limits of law, the manner of proof of personal necessity, the type of situations in which such leave will be permitted and the total number of days which may be used in any school year for personal leave.

Up to three (3) full days of personal leave with pay may be used, if approved by the Superintendent, each contract year. Any unused Personal Leave at the end of any school year will be converted to Sick Leave.

Personal leave days may be used for personal obligations that are necessary and compelling which involve family events, community events, business transactions or legal transactions, subject to the following conditions:

Request shall be in writing on a prescribed form.

Request shall be presented to the Superintendent at least twenty-four (24) hours in advance, except in the event of an emergency.

Day(s) shall not be used preceding or following student or legal holidays.

Days(s) shall not be used in an unprofessional manner so as to project a poor image of the employee to the schools or communities.

Day(s) shall not be used when a regularly scheduled school meeting or previously announced meeting has been called.

Day(s) shall not be used for vacation, recreation or personal pleasure.

Must be for activities that can be conducted on a school day only. If the activity can be arranged on a weekend or evening, it is not eligible for personal leave.

Number of persons granted personal leave for any one (1) day will be limited to the demands of the Educational Service Center Office as determined by the Superintendent.

Scheduled daily assignments shall be adjusted by the employee and confirmed by the Superintendent in advance of the day requested.

\*Reference: Board Policy 3436; 4436

# **CERTIFICATED STAFF ONLY\***

## **VACATION**

The Governing Board believes that it is beneficial to the ESC that personnel be given periodic relief from the responsibilities of their job without loss of compensation.

The Governing Board reserves the right to specify the conditions under which vacation time may be taken.

### **A. ELIGIBILITY**

Full-time employment for 12 months - 20 working days

### **B. APPLICATION**

Eligible employees must apply for vacation to the Superintendent at least two days in advance of the desired start date. Special consideration shall be given to emergencies.

### **C. TIME OF VACATION**

Vacations should be taken within one (1) year of the time earned, except that all or part of earned vacation may be carried over to the next year. No more than 38 days shall be allowed to accumulate. Vacations will be granted only at times of the year when they will not interfere with the normal operation of the school.

### **D. TERMINATION OF EMPLOYMENT**

An employee who anticipates termination in the ESC may take accrued vacation prior to the termination date with proper approval as noted above. Unused vacation will be paid in full to the estate of a deceased employee or a retiring employee. Unused vacation, upon separation from employment, will be paid at the employee's current rate of pay.

### **E. POSITION CHANGE – VACATION PAY OUT**

If an employee moves to a position that does not qualify for vacation, unused vacation shall be paid out at the employee's current daily rate.

\* Reference: Board Policy 3433

# **CLASSIFIED STAFF ONLY\***

## **VACATION**

The Governing Board believes that it is beneficial to the ESC that personnel be given periodic relief from the responsibilities of their job without loss of compensation.

The Governing Board reserves the right to specify the conditions under which vacation time may be taken.

### **A. ELIGIBILITY**

1. Full time employment for twelve (12) months - fifteen (15) working days
2. Full time employment for eleven (11) months - ten (10) working days
3. Employees with twenty (20) or more years of service in the ESC as of July 1<sup>st</sup>, shall be entitled to an annual vacation, exclusive of legal holidays, of twenty (20) working days for twelve (12) month employees and fifteen (15) working days for eleven (11) month employees.

### **B. APPLICATION**

Eligible employees must apply for vacation to the Superintendent at least two days in advance of the desired start date. Special consideration shall be given to emergencies.

### **C. TIME OF VACATION**

Vacations should be taken within one (1) year of the time earned, except that all or part of earned vacation may be carried over to the next year. No more than 30 days shall be allowed to accumulate.

### **D. TERMINATION OF EMPLOYMENT**

An employee who anticipates termination from the ESC may take accrued vacation prior to the termination date with proper approval as noted above. Unused vacation will be paid in full to the estate of a deceased employee or a retiring employee. Unused vacation, upon separation from employment, will be paid at the employee's current rate of pay.

### **E. POSITION CHANGE – VACATION PAY OUT**

If an employee moves to a position that does not qualify for vacation, unused vacation shall be paid out at the employee's current rate.

\*Reference: Board Policy 4433



# CALAMITY LEAVE

The ESC is generally open during district(s) calamity days. Therefore, all staff members are to report to work as follows:

## ESC Office Staff

### Calamity Days:

- Superintendent determines whether or not the office will be closed.
- The expectation is to report to work unless the office is closed.
- If weather is questionable and the office remains open, and employee should use best judgement if more times is needed to get to work. Let your supervisor know your expected time of arrival. Everyone should be to work by 9:30am.
- If you cannot make it to work by 9:30am or chose not to report to work you will be required to use a vacation or personal day.

## District-Assigned Staff

- Administrative staff, coordinators and classified personnel shall report to one of their district offices (with their director's approval). Staff may also use vacation or personal leave days.
- Teaching staff, student aides, psychologists and speech therapists should follow the schedule of the district assigned during that day.
- No staff members will be granted more than the number of calamity days currently allowed in Ohio law. Calamity days that exceed this number will need to be made up.

# HOLIDAYS\*

The Governing Board observes those days declared by statute to be holidays and any such other days enumerated in this policy. Those statutory holidays are:

Eleven (11) and Twelve (12) Month Classified Employees:

New Year's Day  
Martin Luther King Day  
Memorial Day  
Juneteenth  
Independence Day  
Labor Day  
Thanksgiving Day  
Christmas Day

Eleven (11) month 235-259 days  Twelve (12) month 260 days
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Nine (9) and Ten (10) Month Classified Employees:

New Year's Day  
Martin Luther King Day  
Memorial Day  
Labor Day  
Thanksgiving Day  
Christmas Day

Nine (9) & Ten (10) month  234 work days or less
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In addition of the above holidays prescribed by statute, the Governing Board authorizes for all nine (9), ten (10), eleven (11) and twelve (12) month contracted classified employees shall receive the Friday following Thanksgiving and Presidents' Day as paid holidays.

All classified staff employees shall be paid in full for applicable approved holidays if such employees have completed their workday on the day preceding AND following each holiday or were properly excused from attendance at work on either or both of those days. *(Please note that Personal leave is not permitted to be used to extend a holiday or student break, therefore, submitting personal leave would void holiday pay)*

\*Reference: Board Policy 4439

## **FAMILY MEDICAL LEAVE\***

In accordance with Federal Law, the Governing Board shall provide Family Medical Leaves of up to twelve work weeks of unpaid leave to all qualifying employees. To qualify, an employee must have worked for Tri-County ESC for at least one year, and for 1,250 hours over the immediate previous 12 months. The twelve (12) month period is defined as the twelve (12) month period measured forward from the date the staff member's first FMLA leave begins (i.e., the "leave year" is specific to each individual staff member). The Board shall require the staff member to substitute any of his/her eligible sick leave, paid vacation, personal leave for unpaid FMLA leave. Consult Governing Board Policy 3430.01 / 4430.01 for the regulations of the Family Medical Leave Act (FMLA).

\*Reference: Board Policy 3430.01; 4430.01

## **ADOPTION LEAVE**

Although the Board does not provide adoption leave, the Board does recognize the importance of a mother of a newly adopted infant to be with that infant. The Board also recognizes and would support a medical doctor's recommendation that the mother of a newly adopted infant (birth to 2 years) be present in the home to facilitate the well-being of the mother and child. Therefore, an employee presenting a medical excuse for a sick leave to care for a newly adopted infant would be eligible for 6 weeks of paid sick leave if such leave was accumulated by the employee. If sick leave were not available, family medical leave may also be utilized when appropriate.

## **SECTION D.**

# **INSURANCE POLICIES**

## **INSURANCE BENEFITS**

Tri-County ESC is a member of the Jefferson Health Plan, (JHP) which is a consortium of 70+ school districts formed to provide economical health care and related insurance benefits to Ohio schools through group purchasing.

JHP retains UMR, Inc. (a Third-Party Administrator) to administer different school district health insurance plans and pay appropriate claims.

Tri-County ESC is a member of the discount provider network – United Health Care (UHC). Voluntary use of the UHC providers helps to keep health insurance premiums as low and stable as possible. A list of UHC providers can be found on the UMR website <https://www.umar.com/tpa-ap-web/>.

JHP contracts with the RX Benefits drug network. A mail-order process is available for maintenance drugs.

Health insurance coverage is effective as follows:

If your contract start date is between the first and fifteenth of the month, coverage is effective on the first active day of work.

If your contract start date is after the fifteenth of the month, coverage is effective the first day of the following month.

Coverage ceases at midnight of the last day of the month in which your resignation or non-renewal became effective.

Plan documents delineating coverage are distributed upon enrollment in the plan and are available on the Tri-County ESC or UMR website.

Employee contributions for health insurance coverage are due the month preceding the month of coverage. Contributions are deducted equally on the first and second payrolls of each month.

Membership cards will be mailed to employees by UMR. If cards are lost the employee may order replacement cards on the UMR website.

A Life Insurance benefit of \$38,000 will be provided to each eligible full-time (as defined by health insurance eligibility) employee at no cost to the employee.

Private policies upon termination of employment with the ESC as per the terms of the agreement are available to any individual who wishes to convert to private coverage.

C.O.B.R.A. permits employees to continue their health insurance coverage when employment ends at their own cost. Information regarding your rights under the federal C.O.B.R.A. law will follow any enrollment in the health insurance plan and upon termination, resignation, retirement, leaves of absence, etc.

C.O.B.R.A. information can be found at <http://www.dol.gov/ebsa/faqs> .

## **GROUP HEALTH INSURANCE\***

The Governing Board realizes the concern of its employees for the availability of those protective and personally advantageous benefits beyond an individual's basic salary. It is the Governing Board's desire to make available or provide, within the limits of law and sound fiscal management, those which are beneficial to the employee and the ESC.

The Governing Board shall provide group health insurance for the employees of this ESC eligible to participate in accordance with statute.

Participation in this plan is optional.

Nine (9), ten (10), eleven (11), and twelve (12) month employees who are employed fulltime for 184 or more days respectively shall be eligible for the full program. A full-time employee shall work six (6) hours or more per day. A part-time employee is an individual who is employed for a minimum of 736 hours per year. Persons employed less than 736 hours per year are not eligible to participate.

The Tri-County Educational Service Center Governing Board shall pay eighty five percent (85%) of the group health insurance costs for full-time employees. For part-time employees the Tri-County Educational Service Center Governing Board will pay \$115.01 a month per family, and \$57.01. a month per single for health insurance costs.

Open enrollment periods will be limited to the first 31 days of employment, and the month of May of each year, to be effective July 1st.

\*Reference: Board Policy 3420; 4420



## **CAFETERIA PLAN**

Effective September 1, 2006, the Governing Board is providing a vehicle through which employees can save income tax dollars. The I.R.S. Section 125 Cafeteria Plan offered by the Governing Board is named the TRI-COUNTY ESC CHOICE BENEFIT PLAN. Its complete description follows. The Plan year is July 1 - June 30 of each year. Each employee will be required to complete an election form at the beginning of their employment and every year after. Contact the Treasurer's Office for any additional information that is needed.

### **TRI-COUNTY ESC CHOICE BENEFIT PLAN INTRODUCTION**

Tri-County Educational Service Center is pleased to sponsor The Tri-County Educational Service Center Cafeteria Plan ("Cafeteria Plan"). It is called a cafeteria plan because it lets you choose from several optional benefit plans.

#### **BENEFIT PLANS**

The following plans are available under the Cafeteria Plan:

**MEDICAL BENEFITS PLAN.** Your medical benefits plan payroll deduction will be taken on a pre-tax basis.

**MEDICAL REIMBURSEMENT PLAN.** You may participate in a Medical Reimbursement Account which allows you to pay for health care expenses not covered by your medical benefit plan with pre-tax dollars.

**DEPENDENT CARE REIMBURSEMENT PLAN.** You may participate in a Dependent Care Reimbursement Account which allows you to pay for dependent care expenses with pre-tax dollars.

#### **PRE-TAX DOLLARS**

The Cafeteria Plan gives you the opportunity to use pre-tax dollars to pay your share of the benefits that you want by completing a salary reduction agreement. Then, instead of paying your share with after-tax dollars out of your regular pay, you will pay your share with pre-tax dollars. Paying with pre-tax dollars helps you because you do not have to pay the income taxes associated with the amount of your salary reduction. The following example\* shows the effect on take home pay when pre-tax dollars are used. The example is based on a person who is single, takes one withholding allowance, earns \$30,000 per year and is paid twice per month.

### PRE-TAX

Gross Income \$1,250.00  
Pre-Tax Contribution \$ 100.00  
Taxable Income \$1,150.00  
Federal Income Tax \$ 120.00  
  
Take Home Pay \$ 1,030.00

### AFTER-TAX

Gross Income \$1,250.00  
Taxable Income \$1,250.00  
  
Federal Income Tax \$ 135.00  
After-Tax Contribution \$ 100.00  
Take Home Pay \$1,015.00

\*The example does not reflect the application of state or local taxes.

You should also be aware that using pre-tax dollars may have an effect on the benefits that you or your family would receive at retirement or in the event of death or disability.

### **CHANGES TO YOUR ELECTION**

**No changes can be made to the Medical Reimbursement Plan during the Plan Year. Changes can be made in your election for coverage under the medical plan or dependent care reimbursement plan during the Plan Year if you experience one of the following events or incur one of the following circumstances:**

- A. You or your dependent experiences **a change in status**. A change in status includes:
- Events that change an employee's legal marital status
  - Events that change an employee's number of dependents
  - Events that change the employment status of the employee, the employee's spouse or the employee's dependent including termination or commencement of employment
  - Events that cause an employee's dependent to satisfy or cease to satisfy eligibility requirements for coverage
  - Such other events that the Plan Administrator determines will permit the revocation of an election (and, if applicable, the filing of a new election) during a Plan Year under regulations and rulings of the Internal Revenue Service.
- B. You may change your election with respect to the medical benefits plan if:
- You or your dependent meets the definition of a special enrollee under the medical plan
  - A judgment, decree or order resulting from a divorce, legal separation, annulment, or change in legal custody requires coverage under an accident and health plan for your child or foster child
  - You, your spouse or dependent becomes entitled to or loses entitlement to Medicare or Medicaid

- C. You may change your election with respect to the Dependent Care Reimbursement Plan if the coverage is significantly curtailed or ceases. The cafeteria plan may permit affected employees to revoke their elections and make a new election on a prospective basis for coverage under an option providing similar coverage.

### **Important Limitations to Changes to Your Election**

If you are permitted to make a change to your election as outlined in this section, your new election must be on account of and correspond with the event or change in status. A new election to receive benefits under the Medical Benefits Plan, the Medical Reimbursement Plan, and/or the Dependent Care Reimbursement Plan, is subject to the provisions of the respective plan. In the event such plan does not permit enrollment at the time of the new election, the new election is not permitted and the election cannot take effect under this Plan. Elections cannot be retroactive, so make sure that you reelect immediately if you experience a change in status.

### **INSTRUCTIONS**

This workbook will explain the costs and the election process for you to follow to participate in the Cafeteria Plan. When you have decided which benefits that you want, write your choices on the Election Form and Salary Reduction Agreement. Return the Election Form and Salary Reduction Agreement to the Treasurer's office. If you have any questions concerning the benefits available under each of the optional benefit plans, refer to your employee booklet/summary plan description or ask the Treasurer's office.

### **MEDICAL REIMBURSEMENT PLAN**

The Medical Reimbursement Plan is designed to let you use pre-tax dollars to pay for medical expenses that you or your family may have, provided that the expenses are not covered by any insurance or health plan. The amount in the Medical Reimbursement Plan on your behalf may be used to pay medical expenses which qualify as a medical expense under the rules of the Internal Revenue Service. Premiums for health care coverage do not qualify for reimbursement. Medical expenses reimbursed under the Medical Reimbursement Plan cannot be claimed as a medical expense on your income tax return. If you choose to participate in the Medical Reimbursement Plan, your pay will be reduced by the appropriate amount each pay period. The total amount that you elect to put into the Medical Reimbursement Plan will be available for use on the later of: the first day of the Plan Year; or the date that you begin participating in the Medical Reimbursement Plan. The Plan Year for the first year of the Medical Reimbursement Plan will run from September 1. . After that, the Plan Year will run from July 1st to June 30th of each year. You may elect to deposit any amount up to the maximum shown on the Election Form and Salary Reduction Agreement.

## USE IT OR LOSE IT

THE TOTAL AMOUNT IN THE MEDICAL REIMBURSEMENT PLAN ON YOUR BEHALF MUST BE USED TO PAY FOR MEDICAL EXPENSES **INCURRED** IN THE PLAN YEAR AND THOSE MEDICAL EXPENSES MUST BE SUBMITTED FOR REIMBURSEMENT WITHIN 180 DAYS AFTER THE END OF THE PLAN YEAR OR ANY FUNDS REMAINING ARE FORFEITED.

## SAMPLE MEDICAL EXPENSES

Medical expenses include amounts paid for the diagnosis, cure, mitigation, treatment, or prevention of disease, and for treatments affecting any part or function of the body. The expenses must be primarily to alleviate or prevent a physical or mental defect or illness. Expenses for solely cosmetic reasons generally are not expenses for medical care. Also, expenses that are merely beneficial to one's general health (for example, vacations) are not expenses for medical care. Many of the following items are medical expenses **only** if they comply with certain Internal Revenue Service (IRS) restrictions. The list is **not** a complete list of medical expenses. Consult your tax advisor and IRS Publication 502 for advice on whether an item is a medical expense. IRS Publication 502 can be ordered from the IRS by calling 1-800-TAX-FORM or can be accessed online at <http://www.irs.gov/pub/irs-pdf/p502.pdf>.

### ALLOWED

Acupuncture  
Alcoholism  
Ambulance  
Artificial limb  
Artificial teeth  
Autoette/wheelchair  
Birth control pills  
Chiropractors  
Christian Science Practitioners  
Contact lenses  
Crutches  
Dental treatment  
Drug addiction  
Eyeglasses  
Guide dog  
Hearing aids

### ALLOWED

Hospital services  
Laboratory fees  
Medical services  
Medicines (prescribed)  
Nursing home  
Nursing services  
Operations  
Osteopath  
Oxygen  
Psychiatric care  
Psychologist  
Sterilization  
Surgery  
Therapy  
Transplants  
X-rays

### DISALLOWED

Baby-sitting and child care  
Cosmetic surgery  
Dancing lessons  
Diaper service  
Electrolysis  
Funeral expenses  
Hair transplants  
Health club dues  
Household help  
Illegal operations/treatments  
Maternity clothes  
Meals not part of inpatient care  
Personal use items  
Swimming lessons  
Vacations

Over-the-counter drugs may now be reimbursed under the Medical Reimbursement Account if they are purchased to alleviate or treat personal injuries or sickness. These drugs are only allowable if they meet the Internal Revenue Code guidelines. You must submit substantiated bills (itemized receipts) to be reimbursed for these charges.

## **DEPENDENT CARE REIMBURSEMENT PLAN**

The Dependent Care Reimbursement Plan is designed to let you use pre-tax dollars to pay for dependent care expenses. A “dependent” means any individual who is (a) a dependent of yours and who is under the age of 19 and with respect to whom you are entitled to a deduction under section 151(c) of the Internal Revenue Code, or (b) a dependent or spouse of yours who is physically or mentally incapable of caring for himself, and (c) as defined under the applicable provisions of the Working Families Tax Relief Act of 2004. In determining whether an individual is a dependent of yours, the special rules of Internal Revenue Code Section 21(e)(5) shall be taken into account, when applicable.

The amount in the Dependent Care Reimbursement Plan on your behalf may be used to pay dependent care expenses which qualify as “work-related dependent care expenses” under the rules of the Internal Revenue Service (IRS). In general, “work related dependent care expenses” are those expenses incurred so you (and your spouse, if you are married) can work or look for work. If your spouse is not working or looking for work when the expenses are incurred, then your spouse must be a full-time student or be physically or mentally incapable for caring for himself or herself.

You must show on your federal income tax return (for the year in which the care was provided) the name, address, and (except for churches or other tax-exempt dependent care centers) the taxpayer identification number of any persons or dependent care centers that you pay to provide dependent care. A qualified person to provide dependent care does not include any of your dependents.

The Dependent Care Reimbursement Plan may be used instead of, or in some cases, in addition to the IRS dependent care tax credit. Dependent care expenses reimbursed under the Dependent Care Reimbursement Plan cannot be used to claim any other tax benefit, although the balance of your dependent care expenses may be eligible for the dependent care tax credit.

You need to decide whether you would save more in taxes by using the dependent care tax credit or the Dependent Care Reimbursement Plan. Because determining the best way to handle dependent care expenses depends on a number of factors, such as your tax filing status (married, single, head of household), number of dependents, etc., you will have to determine your tax position individually in order to make the decision between taxable and tax-free benefits. You are encouraged to consult your tax advisor for assistance making the determination and to consult IRS Publication 503. IRS Publication 503 can be ordered from the IRS by calling 1-800-TAX-FORM.

If you choose to participate in the Dependent Care Reimbursement Plan, your pay will be reduced by the appropriate amount each pay period. Only the amount that has been deducted from your pay at the time that you submit a dependent care expense will be available for payment of a benefit. The entire amount that you elect for the Dependent Care Reimbursement Plan is not available on the first day that your election is in effect.

### **USE IT OR LOSE IT**

THE TOTAL AMOUNT IN THE DEPENDENT CARE REIMBURSEMENT PLAN ON YOUR BEHALF MUST BE USED TO PAY FOR DEPENDENT CARE EXPENSES **INCURRED** IN THE PLAN YEAR AND THOSE DEPENDENT CARE EXPENSES MUST BE SUBMITTED FOR REIMBURSEMENT WITHIN 180 DAYS AFTER THE END OF THE PLAN YEAR OR ANY FUNDS REMAINING ARE FORFEITED.

### **CHANGES TO YOUR CAFETERIA PLAN ELECTION**

If you participate in the Dependent Care Reimbursement Plan you cannot change your election during the Plan Year unless you experience one of the events listed in the section entitled “Changes to Your Election.” Remember, under the Dependent Care Reimbursement Plan, only the amount that has been deducted from your pay at the time that you submit a dependent care expense will be available for payment of a benefit. If you have any questions concerning the benefits or operation of the Dependent Care Reimbursement Plan, refer to your employee booklet/summary plan description or ask the Treasurer’s office.

# TRI-COUNTY E.S.C. EMPLOYEE HEALTH INSURANCE

## DEDUCTION RATES

Effective 7/1/2024

		<u>Single</u>	<u>Family</u>
		<u>Monthly</u>	<u>Monthly</u>
<b>Full-Time</b>	Medical, Rx & Dental	\$131.78	\$318.06
	Medical & Rx Only	\$124.96	\$301.10
	Dental Only	\$ 6.82	\$ 16.96
<b>Part-Time</b>	Medical, Rx & Dental	\$821.64	\$2,005.52
	Medical & Rx Only	\$779.10	\$1,898.76
	Dental Only	\$ 42.54	\$ 106.76

## NOTICE OF PRIVACY PRACTICES

Effective Date: April 01, 2024

***THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.***

**If you have any questions about this notice, please contact, Mary Workman, Treasurer, or Renee Presley, Asst. Treasurer at [tesc\\_payroll@tccsa.net](mailto:tesc_payroll@tccsa.net).**

**Who Will Follow the Requirements of This Notice.** This notice describes the Jefferson Health Plan Participating Member's practices and those of its employees (who are responsible for the operation and administration of the Participating Member in the Jefferson Health Plan) and its business associates with regard to the Jefferson Health Plan. The Jefferson Health Plan, the employees of the Participating Member and the business associates (as described above and referred to as "we" or "us" in this notice) may share medical information with each other for the purposes of treatment, payment, or other operations of the Jefferson Health Plan as described in this notice.

**Privacy of Health Information.** We understand that medical information about you and your health is personal. This notice will tell you about the ways in which we may use and disclose medical information about you. We will also describe your rights and certain obligations that we have regarding the use and disclosure of medical information. We are required by law to:

- Assure the medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

**Use and Disclosure of Medical Information.** The following describes the different ways that we may use and disclose your medical information. Generally, private health information may be released without your authorization for the purposes of treatment, payment, or other healthcare operations of the Jefferson Health Plan. However, if we disclose your medical information for underwriting purposes, we will not use or disclose your genetic information for this purpose. Medical information may also be released for the following purposes:

- As required by, or to comply with, law.
- For public health services.
- In connection with the investigation of abuse, neglect, or domestic violence.
- To health oversight agencies in connection with health oversight activities.



- For judicial and administrative proceedings.
- For law enforcement purposes.
- To coroners, medical examiners, and funeral directors with respect to decedents.
- For research if a waiver of authorization has been obtained.
- To prevent serious and imminent harm to the health or safety of a person or the public.
- For specialized governmental functions.
- For military and veterans' activities.
- For national security and intelligence.
- For protective services for the President and others.
- To the Department of the State to make medical suitability determinations.
- To correctional institutions and law enforcement officials regarding an inmate.
- For workers' compensation if necessary to comply with the laws relating to workers' compensation and other similar programs.

**Rights Regarding Medical Information.** You have the following rights regarding medical information that we maintain about you:

- Right to Inspect and Copy. You have the right to inspect and copy medical information that may be used to make decisions about you, including medical and billing records, but does not include psychotherapy notes. To inspect and copy medical information about you, you must submit your request in writing to the Treasurer, Fiscal Agent or Human Resources Designee. If you request a copy of this information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances, and if you are denied access to medical information, you may request that the denial be reviewed.
- Right to Amend. If you feel that medical information, we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Jefferson Health Plan. To request an amendment, your request must be made in writing and submitted to the Treasurer, Fiscal Agent or Human Resources Designee. In addition, you must provide a reason that supports your request. We may deny your request if it is not in writing or properly supported by a reason; or the information was not created by us; is not part of the medical record kept by the Jefferson Health Plan; is not part of the information that

you would be permitted to inspect and copy; or is accurate and complete. If we deny your request, we will provide a basis for the denial.

- Right to an Accounting. You have the right to request an accounting of disclosures. This is a list of the disclosures we have made of medical information about you. To request this list, you must submit your request in writing to the Treasurer, Fiscal Agent or Human Resources Designee. Your request must state a time period that may not be longer than the 6 years prior to the date of your request. Your request must also indicate in what form you want the list (for example, on paper or electronically). The first list that you request within a 12-month period will be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request before any cost is incurred.
- If we use or maintain an electronic health record ("EHR") with regard to your medical information, you have the right to receive an accounting of disclosures which includes all disclosures for purposes of payment, healthcare operations or treatment over the past 3 years, in accordance with the laws and regulations currently in effect. You have the right to access your medical information contained in an EHR and to direct us to send a copy of the EHR to a designated third party.
- Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information that we use or disclose about you for treatment, payment, or healthcare operations. You also have the right to request a limit on the medical information that we disclose about you to someone who is involved in your care or the payment for your care. However, we are not required to agree to your request, except as described below. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, you must make a written request to the Treasurer, Fiscal Agent or Human Resources Designee telling us what information you want to limit; whether you want to limit our use, disclosure or both; and to whom you want the limits to apply, for example disclosures to your spouse. We will also consider your request for restrictions if the disclosure is to a health plan for purposes of carrying out treatment, payment or healthcare operations and the medical information relates solely to treatment or services for which the healthcare provider has been paid out-of-pocket and in full, however, we are not required to agree to this request.
- Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location, for example by mail or only at work. To request confidential communications, you must make your request in writing to the Treasurer, Fiscal Agent or Human Resources Designee and specify how or where you wish to be contacted. We will not ask you the reason for your request and will accommodate all reasonable requests.
- Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy. You may obtain a

copy of this notice by contacting the Treasurer, Fiscal Agent or Human Resources Designee.

- **Right to Notice of a Data Breach.** We are required to notify you upon an unauthorized disclosure of any unsecured medical information. The notice must be made within 60 days from when we become aware of the unauthorized disclosure and will include: (a) a brief description of the disclosure, including the date it occurred and the date it was discovered; (b) a description of the types of unsecured medical information disclosed or used during the breach; (c) steps you can take to protect yourself from potential harm; (d) a description of our actions to investigate the disclosure and mitigate any harm now and in the future; and (e) contact procedures (including a toll-free phone number) for affected individuals to find additional information. We will notify you in writing by first class mail (unless you have opted for electronic communications). However, if we have insufficient contact information for you, an alternative notice method (posting on a website, broadcast media, etc.) may be used.
- **Right to Assign a Designee.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action. You have both the right and choice to tell us to share information with your family, close friends, or others involved in your care, or share information in a disaster relief situation. If you are not able to tell us your preference, for example if you are unconscious, we may share your information if we believe it is in your best interest.

**Changes to This Notice.** We reserve the right to make changes to this notice, and to make the revision or change applicable to medical information we already have about you. The Participating Member will post a copy of the current notice in each building within the Jefferson Health Plan Participating Member's jurisdiction. We will notify you or any revisions or amendments within 60 days of the effective date of the revision or amendment.

**Complaints.** If you believe your privacy rights have been violated, you may file a complaint with the Jefferson Health Plan Participating Member. To file a complaint, please contact Mary Workman, Treasurer, Jefferson Health Plan Participating Member, at Tri-County ESC, 741 Winkler Drive, Wooster, Ohio, (330) 345-6771. All complaints must be submitted in writing and must name the entity that is the subject of the complaint and describe any acts or omissions believed to be in violation of this notice. A complaint must be filed within 180 days of when you knew or should have known of the violation. You can also file a complaint with the Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201-0004, (800) 368-1019 or <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>. You will not be retaliated against for filing any complaint.

**Other Uses of Medical Information.** Other uses and disclosures of medical information not covered by this notice will be made only with your written permission. In addition, we cannot make a communication to you about a product or service which encourages you to purchase or

use the product or service, or make any use or disclosure of your psychotherapy notes (where appropriate) without your authorization. If you provide us with permission to use or disclose medical information about you, you may revoke that permission in writing at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reason covered by your written authorization. However, we will not be able to take back any disclosures that we already made during any period in which your permission was in effect.

In addition, we are prohibited from receiving direct or indirect payments in exchange for your private medical information without your valid authorization. However, this prohibition does not apply if the purpose of the exchange is for: (a) public health activities; (b) research purposes (if the price charged reflects the cost of preparation and transmittal of the information); (c) your treatment; (d) health care operations related to the merger or consolidation of the Jefferson Health Plan Participating Member; (e) performance of services by a business associate on behalf of the Jefferson Health Plan; (f) providing you with a copy of your private medical information; or (g) other reasons determined to be necessary and appropriate by the Secretary of Health and Human Services.

Adopted: April 01, 2024

## **LIABILITY INSURANCE**

The Educational Service Center Governing Board recognizes the risks it faces in the ordinary course of participating in a school program and chooses to insure itself against certain liabilities as a result of said risks.

The Governing Board shall in accordance with law insure its employees against injury or death resulting in the course of their employment and chooses also to ensure members of the Governing Board, officers, and employees of the ESC against liability for damages for death, injury to person, or damage or loss of property caused by the negligent act or omission of the member, officer, or employee when acting within the scope of the employee's office or employment.

**SECTION E.**

**PROFESSIONAL GROWTH  
AND TRAVEL**

# **PROFESSIONAL GROWTH AND TRAVEL**

**\*Not applicable to District Employee Requests (DERFs) without district's prior approval.**

- A. All requests to attend professional meetings and educational courses shall be made seven days in advance of the meeting for which approval to attend is sought, even for zero cost meetings in normal line of duty. The Superintendent may make exceptions if seven-day notice is not possible. Determination of appropriateness and authority to grant permission for attendance at the meeting will rest with the Superintendent. In all cases, permission is contingent on individual contact with the employee's representing district where applicable. The appropriate form – ***Meeting Attendance Approval Request*** – must be completed and submitted to the Treasurer's office for confirmation of funds available. The ***Request*** will go through the proper chain of approval. Upon receipt of appropriate approval (normal procedures will be an email approval) arrangements can be made to attend the function. The employee must initially incur all approved expenses.
- B. The professional meeting (including all educational courses) to be attended must be related to the work of the employee.
- C. Reimbursement will be made for any job-related expenses upon the presentation of original receipts for all expenses submitted for reimbursement. No reimbursement shall be made unless original receipts are presented for all costs except mileage. ***All original receipts must be itemized to show the appropriateness of the expense.***
- D. Mileage must be computed as actual miles driven at the currently approved IRS maximum reimbursable non-taxable rate.
- E. There shall be a \$65 limit per month for each month worked for each applicable staff member to use in attending professional meetings. Guidelines and form tutorials are available on the first page of Policies and Procedures.

9 month fiscal year allowance	\$585.00
9 ¼ month	601.25
10 month	650.00
10 ½ month	682.50
11 month	715.00
12 month	780.00

- F. Reimbursement will be made on the first warrant check run following receipt in the Treasurer's office of the approved reimbursement form – ***Professional Meetings Expense Report*** along with the required documentation. A maximum of \$35.00 per day is allowed for meals.
- G. Warrant checks are normally processed every Friday. Your reimbursement check will either be mailed to your home or you will be notified by the Treasurer's office that your check may be picked up.

Local travel expenses (mileage) incurred in the execution of duties shall be reimbursed at the rate of the IRS approved maximum non-taxable rate. Mileage must be submitted on forms approved by the Superintendent - ***Mileage and Contact Report***. "Effective March 1, 2006, mileage may be paid after completion of a full month, **but no later than 90 days after the mileage is incurred.**

- H. Tri-County Preschool Aides will be reimbursed for:
- ParaPro testing costs up to two times, eff. November 4, 2019
  - Initial Educational Aide permit and the renewal of such permit required for the position will be made when reimbursement forms are submitted, eff. November 4, 2019.

*(If Tri-County Preschool Aide leaves before contract is fulfilled or license period expires, they will have to reimburse Tri-County for the above expenses)*

- I. A newly hired Tri-County Preschool Aide, who is working towards obtaining proper Educational Aide permit with ESEA endorsement as required by law, will receive pay as a substitute up to 60 days at Step 0 of the Tri-County Preschool Aide Salary Schedule.
- J. Preschool staff who are required to complete ADDITIONAL FBI/BCI background checks due to their Tri-County Preschool assignments within a Head Start Program will be reimbursed, eff. August 1, 2021.
- K. All approved forms may be obtained from the FORMS Section of this Handbook or online at [www.youresc.k12.oh.us/staff-links-forms](http://www.youresc.k12.oh.us/staff-links-forms).



## **CERTIFICATED STAFF ONLY\***

# **TRI-COUNTY EDUCATIONAL SERVICE CENTER**

## **College Credit Reimbursement Guidelines**

### **2024-2025 School Year**

#### Amount Reimbursed:

Reimbursement will be based on funding level set by the Tri-County Educational Service Center Governing Board each fiscal year ( August 1 – July 31). The current amount set aside for reimbursement is \$15,000 per year. To be eligible the student must be an ODE certified/licensed employee of the Tri-County Educational Service Center (ESC).

#### Rules Governing Reimbursement:

1. Funding will be available to full-time certificated/licensed employees of the Tri-County ESC on a first come basis. Classes will be reimbursed at the rate of \$150 per semester hour or \$100 per quarter hour. A maximum of 8 semester hours or 12 quarter hours will be reimbursed per contract year.
2. **Prior request for reimbursement must be submitted to the superintendent's office (Attn: Liz Shaffer) before the first class meeting on the appropriate College Credit Reimbursement form**  
Classes must be related to your current work assignment. The Tri-County Superintendent's approval or denial of course work is final.
3. Upon completion of the class, a receipt of payment (acceptable by the Tri-County ESC Treasurer) and an official grade sheet or transcript showing the grade and hours awarded must be submitted for reimbursement within 60 days of completion.
4. Only classes in which a grade of "B" or above is earned will be eligible for reimbursement. Classes completed under a pass/fail grade option are not eligible for reimbursement.
5. Classes must be completed at a college or university recognized as accredited by the State Department of Education.
6. Participants can only be reimbursed for tuition amounts not being reimbursed by another scholarship or tuition reimbursement funding source.
7. Participants must remain employees of the ESC for two years after the completion of the class. Employees who voluntarily resign from the ESC prior to the two-year window will be required to repay any reimbursed tuition paid within the past two years. Payment must be received prior to the issuance of the employee's last check from the ESC.

## **SECTION F.**

# **PURCHASING PROCEDURES**

# TRI-COUNTY ESC EMPLOYEE PURCHASING PROCEDURES

## Employee Purchasing Procedures

As required by law, all expenditures must be encumbered before the expenditure occurs and as soon it is known the expenditure will be made. This prevents available resources from being overspent. The following is the required process to follow when requesting any expenditure to be made by the Tri-County ESC Governing Board.

**No purchase may be made without the Superintendent's approval and the signature of the Treasurer verifying availability of funds for the purchase. Expenditures made otherwise may result in non-payment by the Tri-County ESC.**

If it is necessary for you to change your order, a written explanation must be submitted to your supervisor to obtain approval of Treasurer **PRIOR** to making changes.

- **Legal Requirements**—Orders made without a purchase order **ARE NOT** Tri-County's responsibility (ORC 5705.41). The Treasurer must approve all orders before the order is placed.
- **Personal Liability**—Purchaser may be responsible for paying a vendor if an order is placed without a purchase order.
- **Auditing**—The State Auditor requires that the Treasurer approve all orders.
- Please help us to **protect yourself & the ESC** by waiting to order items until you receive a purchase order.

### Steps to ensure we comply with the above guidelines:

1. New vendors must be approved using the New Vendor Request Form. **(Please allow 1 week for processing)**
2. Complete an electronic requisition and route for **your supervisor** to approve. "Attached lists" may only be used if there are more than 5 items. You must attach to the electronic requisition for approval. Please include item description along with vendors item number.
3. Include the "ship to" information.
4. In the Comment section of the requisition please list the program and brief description of the reason of the purchase. (example: Wayne Preschool, Classroom supplies)
5. If you are unsure of the exact cost, please estimate **high** but also within the proper budget line item. Be sure to include shipping & handling fees and any surcharges. **We are no longer permitting the 10% allowance overage** on purchase orders; the amount must be exact or less than the amount on the PO.
6. Tabulate the total to ensure the prices are stated correctly.
7. Please list "mail" in the terms area of the requisition if you wish to have the Purchase Order mailed to the vendor. Otherwise, all Purchase Orders will be returned to the requisitioner for processing and sending to the vendor. **We will no longer be placing orders or faxing purchase orders through the Treasurer's office with the exception of Amazon, which should only be used if you are unable to find the product elsewhere.**
8. If you indicate that you would like us to mail to the vendor, a copy of the purchase order will be returned to the requisitioner with the date that it was mailed. Any errors will be highlighted to help eliminate future errors.
9. Allow 2 weeks for processing, due to verification of funds and all required signatures.

## Accounts Payable Procedures

- Once an invoice is received it will be required to have approval to be paid.
  - If you receive the invoice, it will have a label that will need to be completed with Signature, date, PO# and an option to keep the purchase order open or closed.
  - Accounts Payable may send an e-mail for approval to pay, simply reply to e-mail by stating that the invoice is “ok to pay”
- Reimbursements—there **MUST** be an itemized receipt for the reimbursement submitted for payment. If an itemized receipt is NOT submitted, purchaser will be responsible for charges incurred. Purchase orders **MUST** be issued **PRIOR** to all reimbursement purchases and should be included on the reimbursement request form. Below is an example of a non-itemized & non reimbursable receipt and an itemized reimbursable receipt. Please note: tax cannot be reimbursed.
- Upon submission of paperwork to Treasurer’s Office, invoices will be paid with the next processing of checks.

### NOT ITEMIZED NOT REIMBURSABLE

**Harvest Moon**  
12125 N Oracle Rd D5  
Tucson, AZ 85739  
TEL: 520-825-5351  
www.harvestmoontucson.com

CARD TYPE : MC  
CARD HOLDER : ██████████  
CARD NUMBER : ██████████  
EXPIRATION DATE : XXXX

DATE : 2013-11-11 TIME : 1:57:34 PM

Invoice# : 00301111  
Table# : B05  
Server Name : CYNTHIA\_LOPEZ

**Charge Amt\$ : 19.46**

TIP AMOUNT\$ \_\_\_\_\_

FINAL AMT\$ \_\_\_\_\_

APPROVED : 05571Z  
TRACK # : 3122

SIGNATURE : \_\_\_\_\_

----- THANK YOU -----

### ITEMIZED REIMBURSABLE

**Harvest Moon**  
12125 N Oracle Rd D5  
Tucson, AZ 85739  
TEL: 520-825-5351  
www.harvestmoontucson.com

Re-Printing 1

**Dine In**

Date: 11-11-2013 Time: 1:23PM **# 30**

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Server: CYNTHIA\_LOPEZ  
**TAB#: B05**  
No. of Guest : 2

---

1 L- Cashew Chicken	7.50
w. Brown Rice	
w. Egg Flower Soup	
1 L- Mongolian Chicken	8.00
w. Brown Rice	
w. Egg Flower Soup	
1 Hot Tea (per pot)	2.50
	Amount : 18.00
	TAX(8.1%) : 1.46
	<b>TOTAL : 19.46</b>

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Thank you very much.

## Employee Professional Development Costs

- All employee professional development requests must be submitted in advance of the event. There should be no exceptions.
- Please submit the Meeting Attendance Approval Request directly to the Treasurer's Office for notation of available funds.
- If you are asked by a Director to attend the function and it is not to be charged against your individual professional development allocation, please note so on the Meeting Attendance Approval Request.
- No material purchases at an event will be reimbursed unless a separate purchase order exists for that purchase.
- To obtain reimbursement submit the Expense Account – Professional Meetings form to your immediate supervisor for approval. Include any applicable original, itemized receipts.
- Mileage incurred for an event may be claimed on mileage statements or on the Expense Account – Professional Meetings.
- Events taking place during the summer will be charged against your allocation for the fiscal year (July - June) in which the event BEGINS.

## Personal Service Contracts

- A Service Contract should be prepared when contracting with an individual for Independent Contractor services.
- The form must contain the contractor's correct name, address, and social security number.
- The exact description of services to be rendered by the contractor should be included in the appropriate section as well as the price agreed upon for the ESC to pay for said services.
- All appropriate signatures should be affixed in advance of the service. Forward the Service Contract to the Treasurer for signature and it will be returned to you as soon as possible.
- A purchase order must be processed at the time of engagement of the contractor.
- The ESC coordinator should hold the Contract until the service has been rendered. After the service has been rendered, the ESC coordinator must approve in writing anywhere on the Contract that payment may be processed. The Service Contract should then be forwarded to the Treasurer's Office.
- If the amount of the Service Contract changes for any reason, the correct amount should be clearly denoted and initialed. If the change is a substantial increase, immediate contact must be made with the Treasurer's Office.
- If the Service Contract is only to pay an individual a payroll stipend, the arrangement will be done through payroll. The Service Contract will not be done through purchase orders.

Rev. 11-1-2010

## **SECTION G.**

### **FORMS & MISC.**

**Forms are also found Online at**

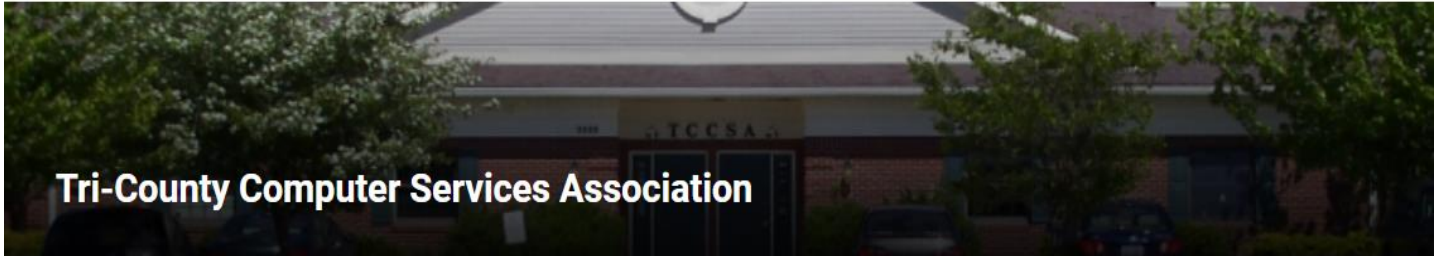
**[www.youresc.k12.oh.us/staff-links-forms](http://www.youresc.k12.oh.us/staff-links-forms)**

1. To access your information, log on to [www.tccsa.net](http://www.tccsa.net) or you may also access by clicking the TCCSA link provided on the Tri-County website @ <http://www.youresc.k12.oh.us/>.
2. Click on the **eFinance EAC picture**



ABOUT US CAREERS STAFF SEARCH

🏠 Educational Services EMIS Services Fiscal Services IT Services Student Services Website Services



APPLICATION LOGINS

TRAINING CALENDAR

NEWS

MEMBER SCHOOLS



Email Login



ProgressBook Suite



eFinance EAC



eFinancePLUS



SameGoal



Employee Kiosk



EMIS R



OnBase



Password Reset



CrossCheck



Event Scheduler



Library Catalogs



Remote Assistance



User Authorization



Email Archive



EMIS FFE



INFOhio



MailMarshall



IPDP Manager



Help Desk Support

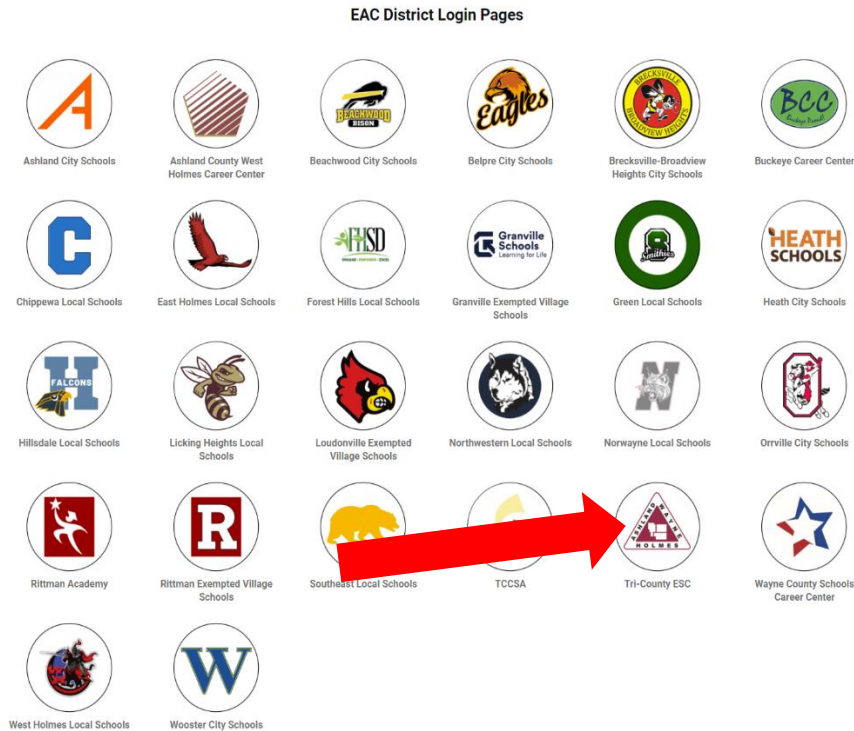


ListServ



Library Staff

3. Click on **Tri-County ESC logo**



4. This window will open

- Your user ID is your **COMPLETE** email address (ex: [tesc\\_jdoe@tccsa.net](mailto:tesc_jdoe@tccsa.net))

**NOTE: This is the email address where you receive your pay stub**

- Enter your password: last 4 of your SS# or new one if changed (**NOT your email password**)

Welcome to  
**eFinancePlus**

District  
Tri-County ESC

Profile  
Tri-County ESC - Live

User ID  
Your ENTIRE email address

Password  
Last 4 digits of your SS# (Unless you have changed or had your password re-set)

Sign In

Login Page Instructions

- Please use your id and password
- Or, use e-mail and password



If you cannot remember your password,  
EMAIL [tesc\\_payroll@tccsa.net](mailto:tesc_payroll@tccsa.net) to get your password reset or for additional help.



5. Here is where you can access all of your personal and payroll information.

- **Upon logging in, the first page is ALL demographic information.**
  - o **You must scroll down in order to see it all.**

The screenshot shows the 'eFinancePlus Employee Access Center' interface. A red circle highlights the left-hand navigation menu, which includes 'Personal Information', 'Salary and Benefits', 'Leave Information', and 'Links'. The main content area is titled 'Demographic Information' and features an 'Update Information' button. Below this is a blue information banner with a message: 'Please contact the Treasury's Office to report inaccuracies.' The form contains several input fields: 'Employee ID', 'Previous Last Name', 'First Name', 'Preferred Name', 'Middle Name', 'Birth Date', 'Last Name', 'Effective Date', and 'Suffix'. At the bottom of the page, there is a logo and the text '12 Years in State'.

- **This page contains the following demographic information:**
  - o **Employee ID info**
    - **Name/Birth Date/Years worked in State**
  - o **General info**
    - **Address/Phone #'s/Personal Email**
  - o **Employee Info**
    - **Hire Date/Department Assignment/ODE#/Work Email**
  - o **Primary Emergency Contact Info**
  - o **Spouse Contact Info**

6. All changes to **demographic** information should be made here.

- Click on the UPDATE INFORMATION button. When you do that, it will open up the fields that you are permitted to change.

- **Address**
- **ALL Phone numbers**
- **Emergency Contact**
- **Physician Info**
- **Spouse Info**

**eFinancePlus**  
Employee Access Center

Demographic Information

[Update Information](#)

Please contact the Treasure's Office to report inaccuracies.

Employee ID

Previous Last Name

First Name

Preferred Name

Middle Name

Birth Date

Last Name

Effective Date

Suffix

- **Once you have made all of the updates that you wish to make, scroll to the very bottom of the page and click on the **SAVE** button as shown below.**

Spouse Contact Information

Spouse Name

Spouse Phone

Privacy Settings

Do not release personal information

Do Not Release Personal Information

Can Release Personal Information

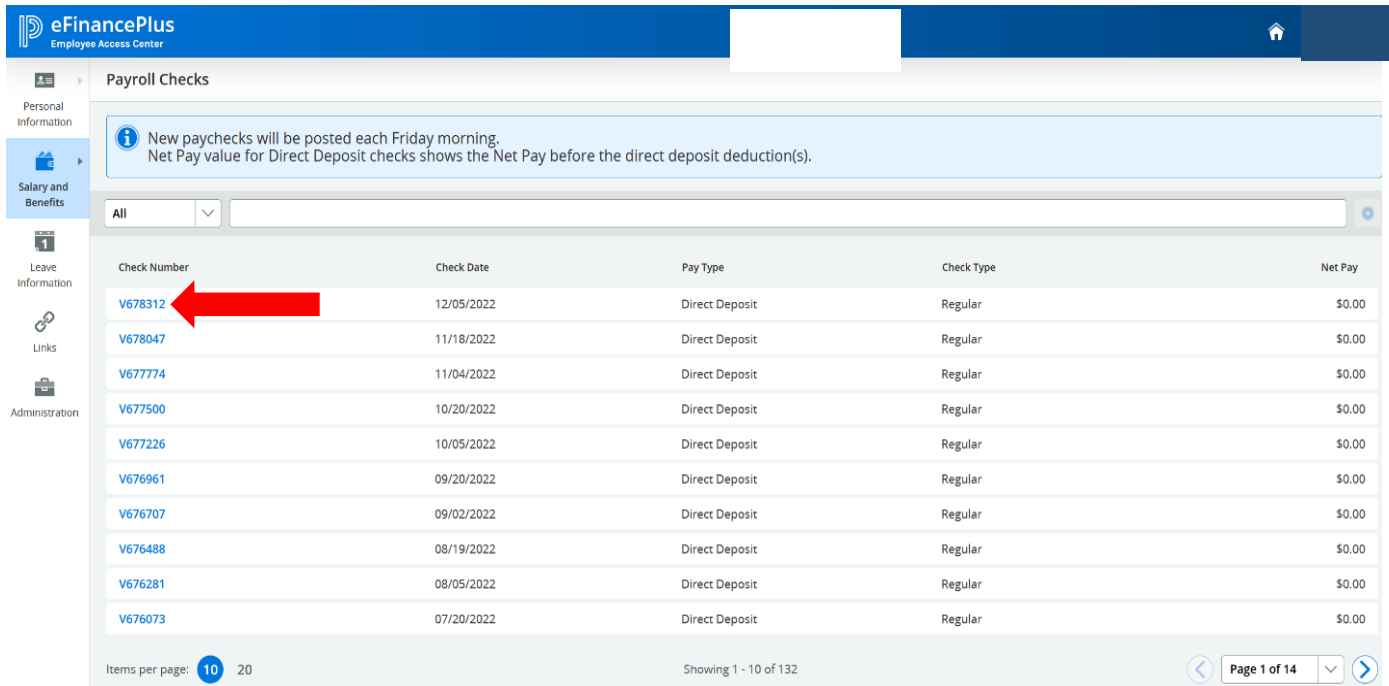
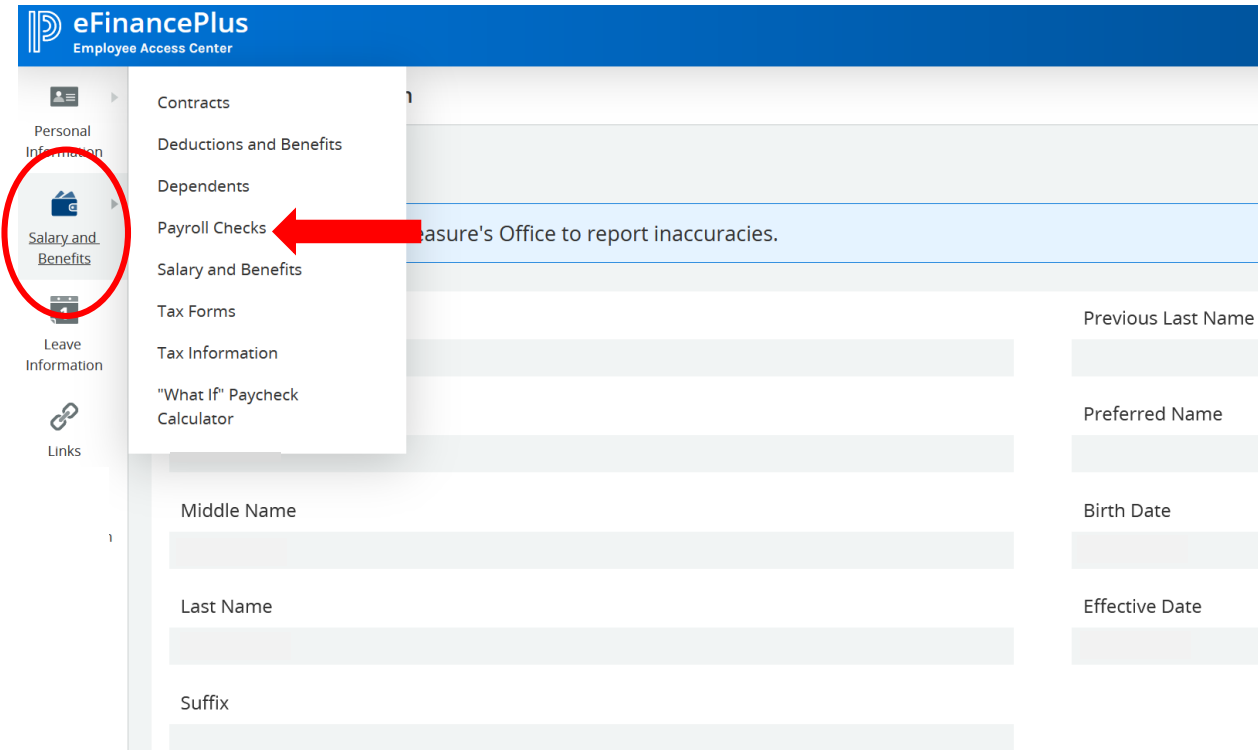
Cancel Save

- **You will see a message display at the top of your screen that says**

**Your updated information has been saved successfully**

7. You may review current and past pay stubs and re-print them at any time.

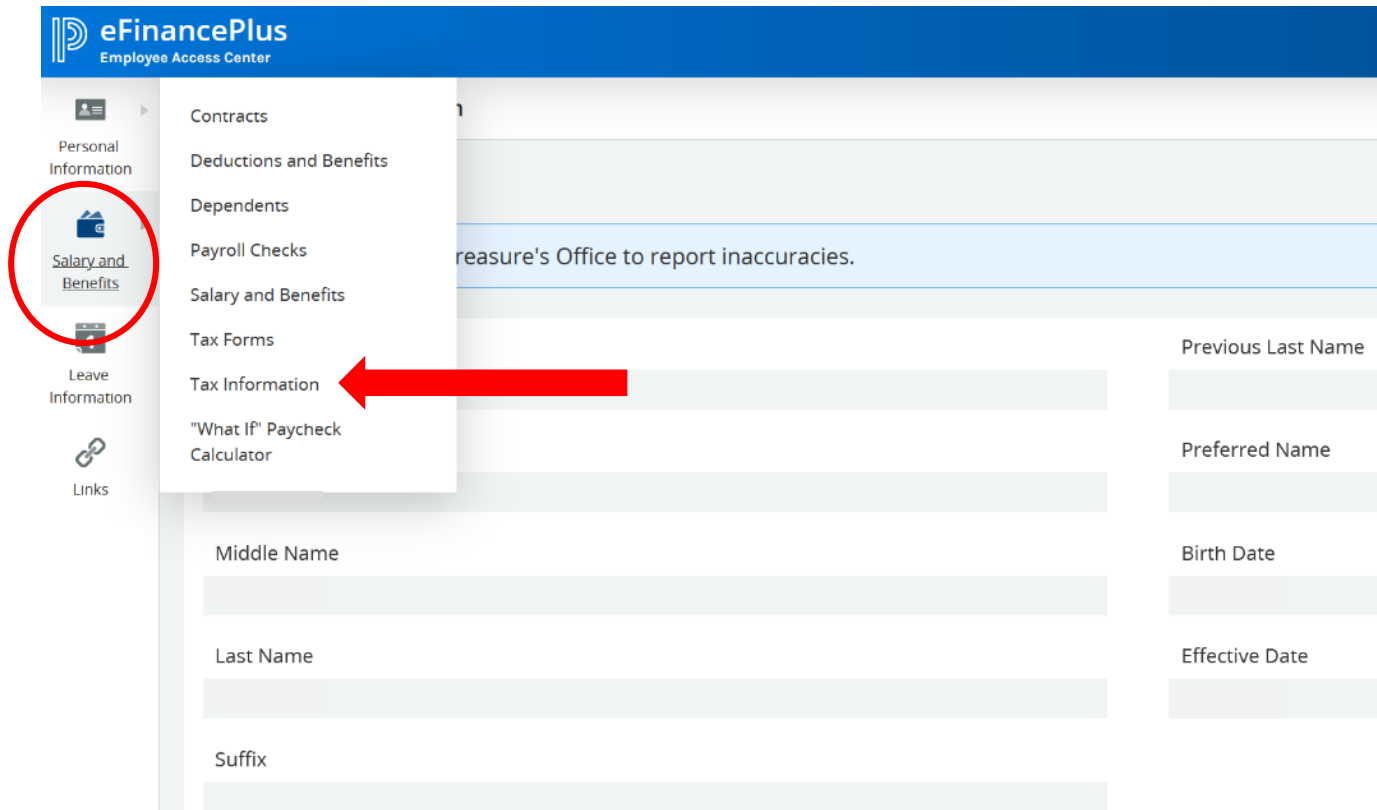
- **Click on the SALARY AND BENEFITS tab and then on the PAYROLL CHECKS link**
  - o **This will then open up ALL of your payroll check history**



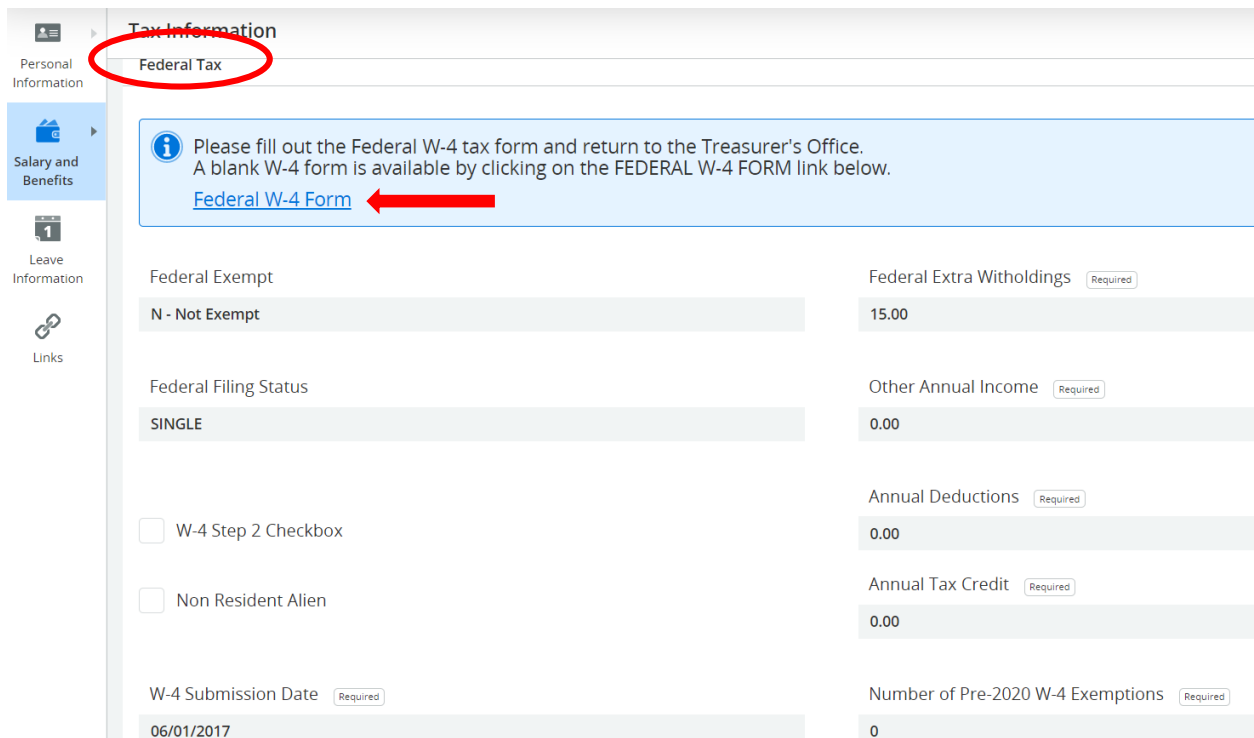
- **By clicking on the Check Number, it will then open up the detailed check stub to be viewed and/or printed.**

8. You may review all of your TAX INFORMATION: Filing status, exemptions, additional withholding, etc.

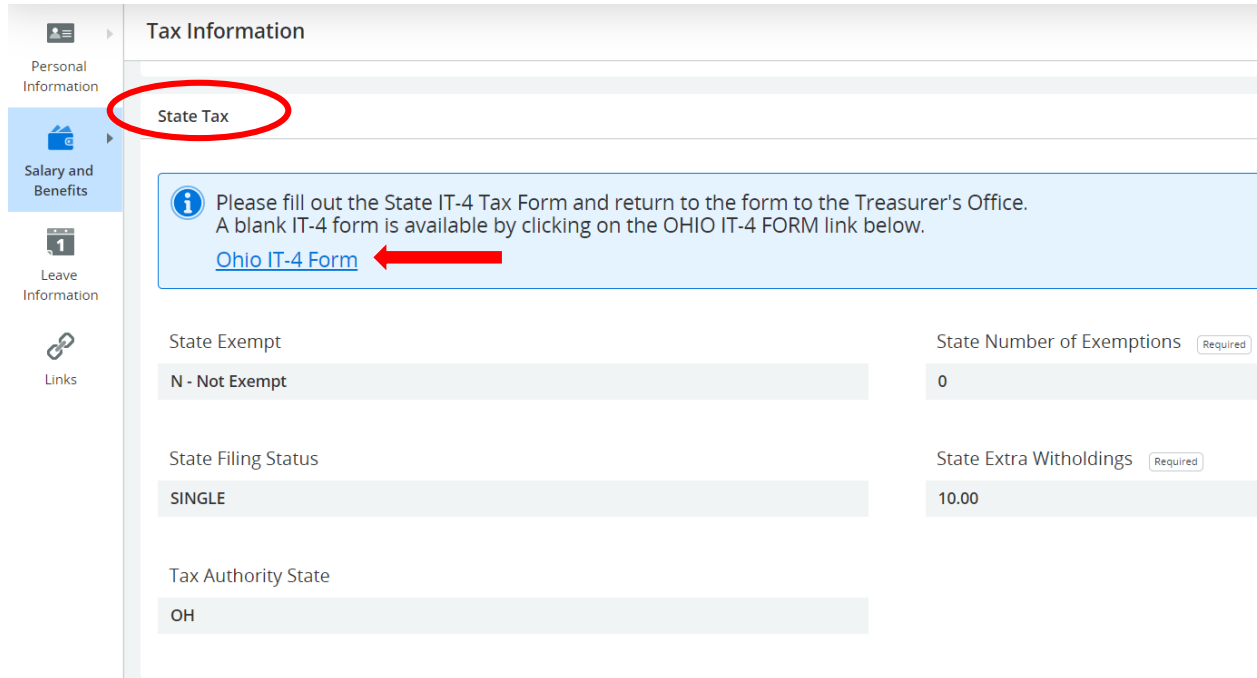
- **Click on the SALARY AND BENEFITS tab and then on the TAX INFORMATION link**



- **This will then open up your current tax information as submitted on your W-4 Federal & IT-4 State of Ohio Tax forms to the treasurer's office**



- **If you need to make changes to your Federal or State withholding taxes, you will need to **submit a NEW form**. You may obtain blank forms by clicking on the links shown here or from the Tri-County Website.**
  - o **Mail, drop off or email completed forms to [tesc\\_payroll@tccsa.net](mailto:tesc_payroll@tccsa.net)**



**Tax Information**

Personal Information

**State Tax**

Please fill out the State IT-4 Tax Form and return to the form to the Treasurer's Office. A blank IT-4 form is available by clicking on the OHIO IT-4 FORM link below.

[Ohio IT-4 Form](#)

State Exempt: N - Not Exempt

State Number of Exemptions: 0

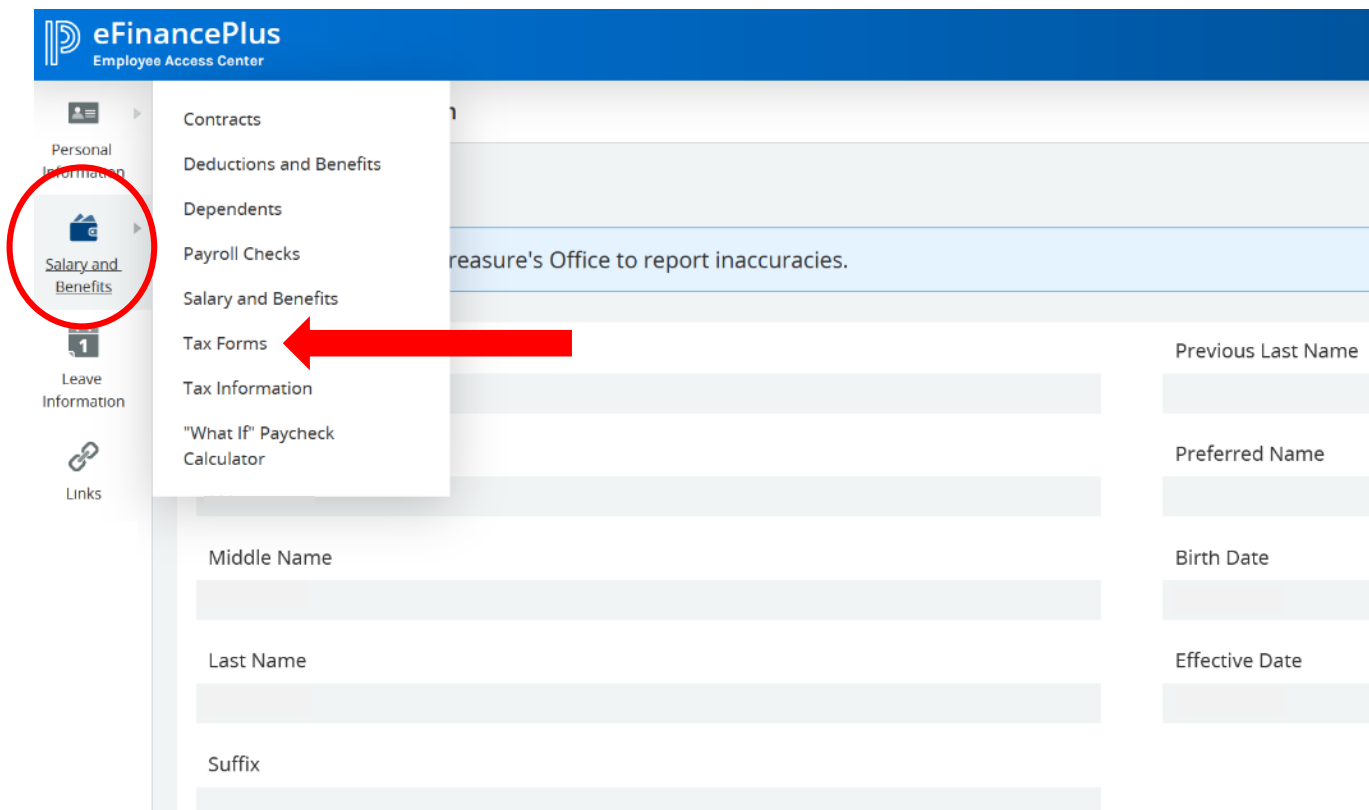
State Filing Status: SINGLE

State Extra Withholdings: 10.00

Tax Authority State: OH

9. You may review your past or most recent W-2 forms.

- **Click on the SALARY AND BENEFITS tab and then on the TAX FORMS link**



**eFinancePlus**  
Employee Access Center

Personal Information

**Salary and Benefits**

Leave Information

Links

- Contracts
- Deductions and Benefits
- Dependents
- Payroll Checks
- Salary and Benefits
- Tax Forms**
- Tax Information
- "What If" Paycheck Calculator

Previous Last Name

Preferred Name

Middle Name

Birth Date

Last Name

Effective Date

Suffix

- This will then open up all of your W-2 records.

The screenshot shows the 'Tax Forms' section of the eFinancePlus Employee Access Center. At the top, there is a blue header with the eFinancePlus logo and 'Employee Access Center'. Below the header is a navigation menu with 'Personal Information', 'Salary and Benefits', 'Leave Information', and 'Links'. The 'Salary and Benefits' tab is selected. The main content area displays a table of tax forms. A blue banner at the top of the table reads '1095C page disclaimer'. The table has four columns: 'Year', 'Tax Form', 'Sequence Number', and 'Control Number/Batch'. The rows are for the years 2021, 2020, 2019, 2018, and 2017. The '2021' year is circled in red, and a red arrow points to the 'W2' link in the 'Tax Form' column for that year.

Year	Tax Form	Sequence Number	Control Number/Batch
2021	W2	0	2021W2
2020	W2	0	2020W2
2019	W2	0	2019W2
2018	W2	0	2018W2
2017	W2	0	2017W2

- By clicking on the **W-2**, it will then open up the detailed W-2 form to be viewed and/or printed, for the year that you have chosen.

10. To view your current leave balances or pending leave to be posted:

- Click on the **LEAVE INFORMATION TAB** on the home screen

The screenshot shows the 'Demographic Information' section of the eFinancePlus Employee Access Center. At the top, there is a blue header with the eFinancePlus logo and 'Employee Access Center'. Below the header is a navigation menu with 'Personal Information', 'Salary and Benefits', 'Leave Information', and 'Links'. The 'Leave Information' tab is circled in red. The main content area displays a form for demographic information. At the top, there is a blue banner with an information icon and the text 'Please contact the Treasurer's Office to report inaccuracies.' Below the banner are several input fields for personal information: 'Employee ID', 'First Name', 'Middle Name', 'Last Name', 'Suffix', 'Previous Last Name', 'Preferred Name', 'Birth Date', and 'Effective Date'. There is an 'Update Information' button at the top left of the form area. At the bottom of the page, there is a logo and the text '12 Years in State'.

- **Once the leave window opens, you will need to click on the [LIST](#) tab at the top to open your leave banks.**
  - o **Here you will be able to see all of your leave records: amount earned, amount taken and all balances** *(accurate through the end of the last pay run and the ending date of that specific pay period)*

**PERSONL LV 180+ AUG CLASS**

Earned YTD	3.0000	Taken YTD	1.5000	Current Balance	1.5000	Pending Leave	0.0000	Pending Balance	1.5000
------------	--------	-----------	--------	-----------------	--------	---------------	--------	-----------------	--------

Status	Leave Type	Start Date	End Date	Units	Unit Type	Notes
✓	706 - PERSONAL LEAVE CLASSIFIED	11/15/2022	11/15/2022	0.5000	Days	
✓	706 - PERSONAL LEAVE CLASSIFIED	09/16/2022	09/16/2022	1.0000	Days	

**SICK LEAVE CLASS 1.25**

Earned YTD	6.2500	Taken YTD	1.7500	Current Balance	181.5000	Pending Leave	0.0000	Pending Balance	181.5000
------------	--------	-----------	--------	-----------------	----------	---------------	--------	-----------------	----------

Status	Leave Type	Start Date	End Date	Units	Unit Type	Notes
✓	704 - SICK LEAVE CLASSIFIED PAY	09/23/2022	09/23/2022	0.7500	Days	

- **To view specific leave notes for a given date, you may click on the [NOTES](#) tab to open and view.** *(notes are not entered for all leave taken)*

**PERSONL LV 180+ AUG CLASS**

Earned YTD	3.0000	Taken YTD	1.5000	Current Balance	1.5000	Pending Leave	0.0000	Pending Balance	1.5000
------------	--------	-----------	--------	-----------------	--------	---------------	--------	-----------------	--------

Status	Leave Type	Start Date	End Date	Units	Unit Type	Notes
✓	706 - PERSONAL LEAVE CLASSIFIED	11/15/2022	11/15/2022	0.5000	Days	
✓	706 - PERSONAL LEAVE CLASSIFIED	09/16/2022	09/16/2022	1.0000	Days	

**Notes**

OTHER-COLLEGE VISIT

Close

11. To view your current work calendar and to see days taken off or days credited with attendance/payment.

- **Click on the LEAVE INFORMATION TAB on the home screen**

**eFinancePlus**  
Employee Access Center

Demographic Information

[Update Information](#)

Please contact the Treasure's Office to report inaccuracies.

Employee ID: 100003760

First Name: [Input Field]

Middle Name: [Input Field]

Last Name: [Input Field]

Previous Last Name: [Input Field]

Preferred Name: [Input Field]

Birth Date: [Input Field]

Effective Date: [Input Field]

- **Once the leave window opens, you will need to click on the **CALENDAR** tab at the top to open your current work calendar.**
  - o **Here you will be able to see your scheduled work days, days taken off & credited days of attendance/payment (timesheet employees)**

Leave List

List **Calendar**

View 2022 - 2023

**Legend:**

- WORK DAY
- NON WORK DAY
- HOLIDAY
- WEEKEND DAY
- WEEKEND WORKING DAY
- PENDING LEAVE
- PERSONL LV 180+ AUG CLASS
- VAC LEAVE CLASS 12M 19-
- SICK LEAVE CLASS 1.25

**Calendar Grid:**

Month	S	M	T	W	T	F	S
August 2022		1	2	3	4	5	6
September 2022						1	2
October 2022							1
November 2022							1
December 2022							1
January 2023							1
February 2023							1
March 2023							1

- **Please note that this information shown is specific to your work days, non-work days, holidays, sick leave, personal leave, jury duty, other leaves and attendance dates.**



**PLEASE NOTE THE FOLLOWING FOR DIRECT DEPOSIT ACCOUNTS:**

The image shows a sample check form with the following fields and labels:

- NAME**, **ADDRESS**, **CITY, STATE ZIP**
- DATE**
- PAY TO THE ORDER OF**
- BANK NAME**, **ADDRESS**, **CITY, STATE ZIP**
- FOR**
- MICR Line:** ⑆012345678⑆ 01234567890123⑆ 0123
- Bank Routing Number** (under 012345678)
- Bank Account Number** (under 01234567890123)
- Check Number** (under 0123)

- The bank ROUTING number is ALWAYS 9 digits in length.
- The bank ACCOUNT number may be in front of **OR** after the routing number. Each banking institution is different.

**IMPORTANT:**

Any changes to your direct deposit information should be submitted at least 1 week prior to a pay date in order to be effective for that pay date. *This includes completing the required form and receipt of that form by the payroll office.*

- No changes will be made until that form has been received so that we can confirm your instructions and more importantly, your identity.

- It doesn't matter which code you choose when adding a new account, as long as you are choosing at least 1 for each account that you wish to add. You just have to make sure that if you want a specific amount of money (\$) to be deposited that you choose an account with the \$ designation. If you are choosing a % to be deposited, then you have to choose an account with the % designation behind it
  - See the complete list below
  - The accounts that you already have set up in our system will *NOT* show in the drop down box. You cannot choose the same one twice.
- **ONLY 1 direct deposit form will need to be completed and returned, regardless of the number of accounts that you are adding/changing.** *The form should reflect the correct deposit designation for your ENTIRE deposit of your payment.*

## Direct Deposit Code Choices

**9990 – Direct Deposit \$** - Use this one when specifying an **AMOUNT** of money to be withheld

**9991 – Direct Deposit \$** - Use this one when specifying an **AMOUNT** of money to be withheld

**9992 – Direct Deposit \$** - Use this one when specifying an **AMOUNT** of money to be withheld

**9993 – Direct Deposit \$** - Use this one when specifying an **AMOUNT** of money to be withheld

**9994 – Direct Deposit \$** - Use this one when specifying an **AMOUNT** of money to be withheld

**9995 – Direct Deposit %** - Use this one when specifying a % of money to be withheld

**9996 – Direct Deposit %** - Use this one when specifying a % of money to be withheld

**9997 – Direct Deposit %** - Use this one when specifying a % of money to be withheld

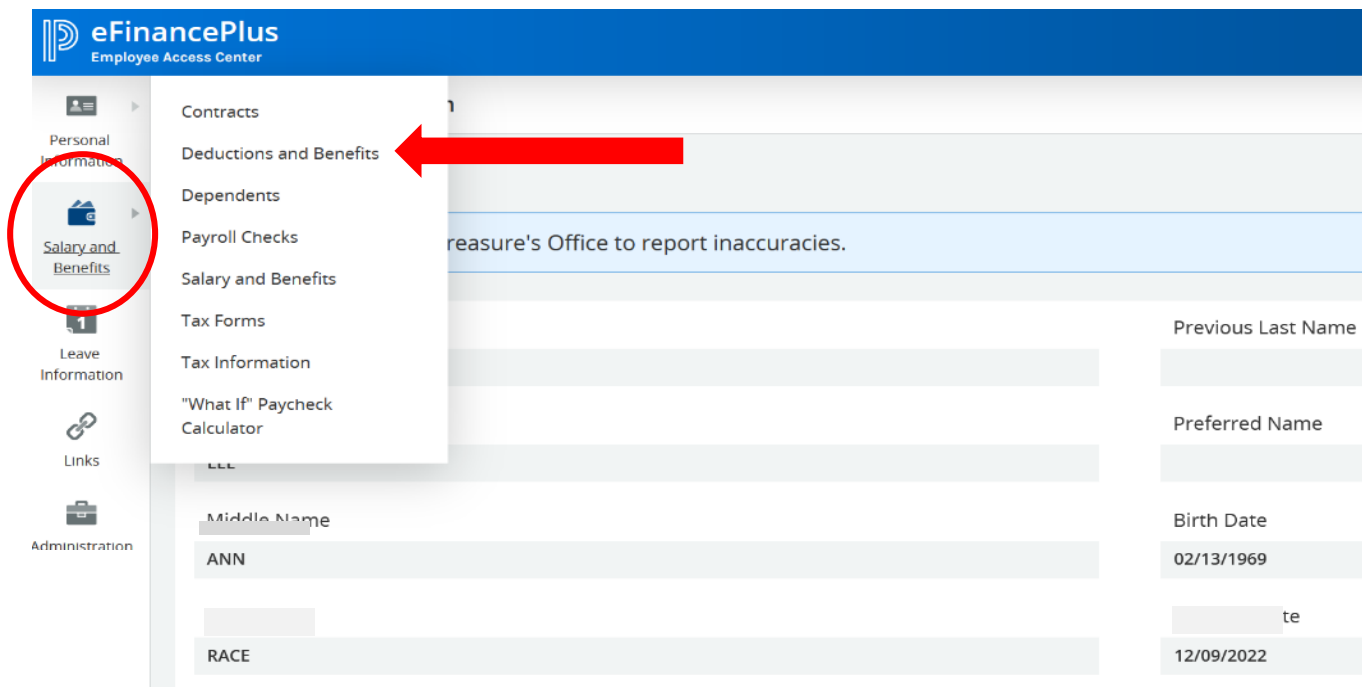
**9998 – Direct Deposit %** - Use this one when specifying a % of money to be withheld

**9999 - This is your PRIMARY direct deposit account.**

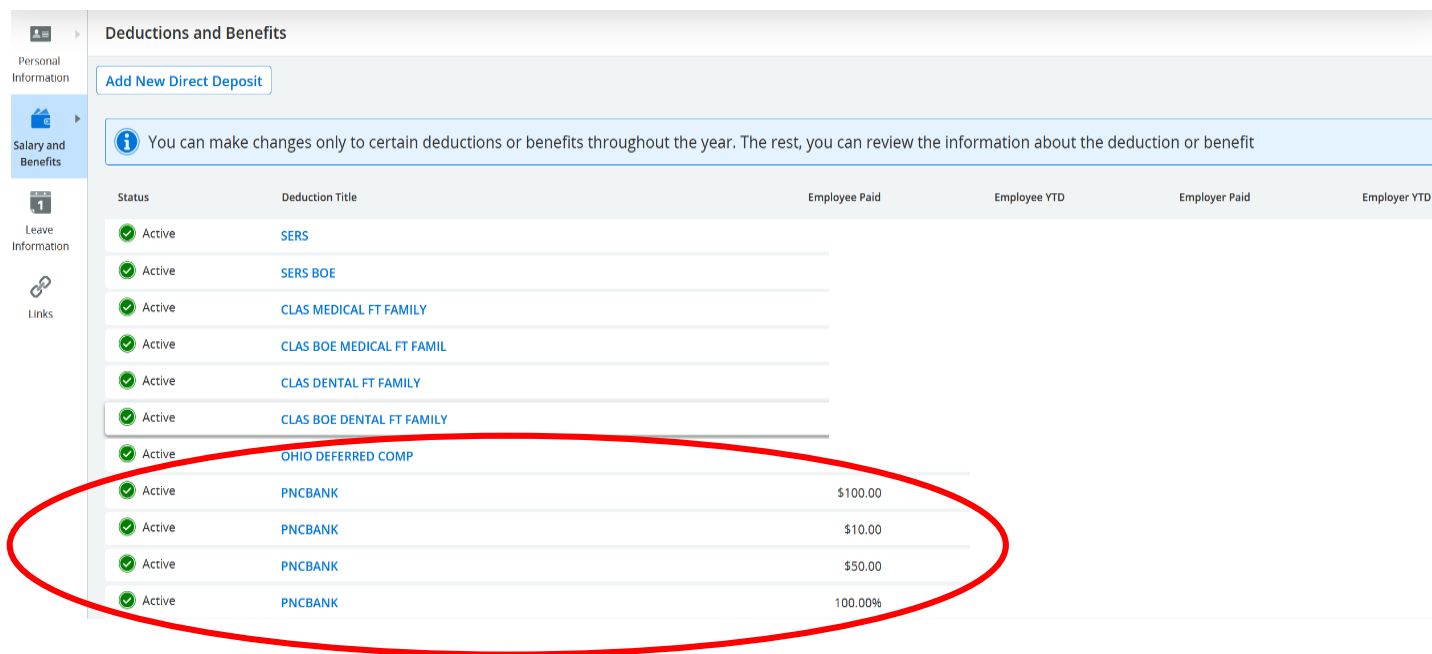
- You may NOT add this account, you may only make a change to it.

12. All changes to your **DIRECT DEPOSIT INFORMATION** must be initiated here.

- **Click on the LEAVE INFORMATION TAB on the home screen and then on the DEDUCTIONS and BENEFITS link to begin. (Regardless of change A, B or C)**



- **This will then open up all of your current deduction information, including your direct deposit accounts.**



- **To open and view specific account information, you will need to click on the **BANK NAME** ( ie: **PNCBANK**) to open/view that specific account.**
  - o **NOTE: your PRIMARY account is ALWAYS the last one listed.**
    - ie: 100%

# A. TO INITIATE A CHANGE TO AN EXISTING SECONDARY DIRECT DEPOSIT ACCOUNT:

- **You must FOLLOW the steps outlined here**

**Deductions and Benefits**

[Add New Direct Deposit](#)

You can make changes only to certain deductions or benefits throughout the year. The rest, you can review the information about the deduction or benefit

Status	Deduction Title	Employee Paid	Employee YTD	Employer Paid	Employer YTD
Active	SERS				
Active	SERS BOE				
Active	CLAS MEDICAL FT FAMILY				
Active	CLAS BOE MEDICAL FT FAMIL				
Active	CLAS DENTAL FT FAMILY				

1. Click on the name of the account/bank that you wish to change.

Active	PNCBANK	\$10.00			
Active	PNCBANK	\$10.00			
Active	PNCBANK	\$50.00			
Active	PNCBANK	100.00%			

## Deductions and Benefits Detail

**Deduction and Benefit Information**

Deduction and Benefit Title	Status <small>Required</small>
PNCBANK	Active
Deduction and Benefit Code	Effective Date <small>Required</small>
9991	12/13/2022

2. Change the current amount listed here to the new amount that you wish to be deposited

Employee Paid <small>Required</small>	Maximum Deduction
15.00	
Employer Paid	Maximum Benefit

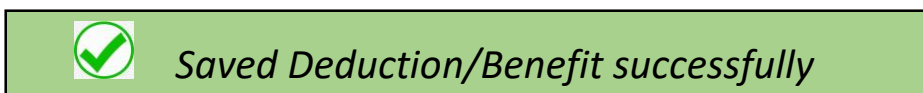
3. Choose the type of account this is from the drop down box: CHECKING or SAVINGS

Account Type <small>Required</small>	Account Number <small>Required</small>
Checking	XXXXXXXXXXXX12345
Routing Number <small>Required</small>	Confirm Account Number
041000124	
Bank <small>Required</small>	New Account Number
PNC BANK	

4. Click **SAVE** button as shown below

[Cancel](#) [Save](#)

- You will see a message display at the top of your screen that says



**5. Scroll to the bottom of the page and locate the ADDITIONAL INFORMATION SECTION**

**- Click on the link to open up the direct deposit form**

Additional information

Additional Information  
[http://www.youresc.k12.oh.us/sites/default/files/2018-06/DirectDepositForm%2808-2018%29\\_0.pdf](http://www.youresc.k12.oh.us/sites/default/files/2018-06/DirectDepositForm%2808-2018%29_0.pdf)

This is secondary direct deposit account information. In addition to changing your direct deposit information on this page, you MUST submit the form linked to above along with specific \$ allocations outlined to the payroll office. The change will not be effective for payroll processing until all of the preceding steps have been completed & the payroll office has reviewed the change. Note: Changes made will NOT be immediately effective.

Attachment  
 Add Attachment

**6. Complete the paper form with the same information that you just entered into the EAC system.**

- **Attach a voided check or document provided by the bank**
- **MAIL or DELIVER to:  
Tri-County ESC  
Attn: Payroll Dept.  
741 Winkler Dr.  
Wooster, OH 44691**

**Tri-County Educational Service Center  
Direct Deposit Payroll Authorization**

Tri-County Educational Service Centers requires all employees to have payroll checks deposited directly into personal accounts through electronic wiring.

**Authorization**

I authorize the Tri-County Educational Service Center Treasurer to initiate electronic entries to the following accounts:

- To have 100% of your check deposited in one account, complete Section 1.
- To have your check deposited into more than one account, complete Section 2.
- \*\*\*\*Please supply a voided check for any checking accounts to ensure accuracy.\*\*\*\*

If a "voided" check is not provided a check will be issued until account information can be verified

**Section 1.**

Financial Institution Name \_\_\_\_\_  
 Routing Transit Number \_\_\_\_\_  
 Account Number \_\_\_\_\_  
 Type of Account (Check One)  Checking  Savings  
 Distribution  100% in Account

**Section 2. Please Note: Distribution must total 100%.**

Financial Institution Name \_\_\_\_\_  
 Routing Transit Number \_\_\_\_\_  
 Account Number \_\_\_\_\_  
 Type of Account (Check One)  Checking  Savings  
 Distribution  Enter % for this account

Financial Institution Name \_\_\_\_\_  
 Routing Transit Number \_\_\_\_\_  
 Account Number \_\_\_\_\_  
 Type of Account (Check One)  Checking  Savings  
 Distribution  Enter % for this account

Financial Institution Name \_\_\_\_\_  
 Routing Transit Number \_\_\_\_\_  
 Account Number \_\_\_\_\_  
 Type of Account (Check One)  Checking  Savings  
 Distribution  Enter % for this account

This authority shall remain in effect until the Treasurer of the Tri-County Educational Service Center has received written notification from me of its change in such time and manner as to afford the employer and financial institution a reasonable opportunity to act on it.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Last four digits of social security number \_\_\_\_\_

**NO CHANGES TO YOUR DIRECT DEPOSIT ACCOUNTS CAN BE MADE UNTIL YOU HAVE COMPLETED BOTH STEPS IN THIS PROCESS FOR SECURITY PURPOSES.**

## B. TO INITIATE A CHANGE TO AN EXISTING PRIMARY DIRECT DEPOSIT ACCOUNT:

- **This is your PRIMARY or MAIN ACCOUNT**
- **You must FOLLOW the steps outlined here**

The screenshot shows the 'Deductions and Benefits' section of a web portal. On the left, there are navigation links for 'Personal Information', 'Salary and Benefits', and 'Leave Information'. The main content area has a header 'Deductions and Benefits' and a button 'Add New Direct Deposit'. Below this is an information box stating: 'You can make changes only to certain deductions or benefits throughout the year. The rest, you can review the information about the deduction or benefit'. A table lists active deductions:

Status	Deduction Title
Active	SERS
Active	SERS BOE
Active	CLAS MEDICAL FT FAMILY

1. Click on the name of the account/bank that you wish to change. ( It is the LAST one listed, usually with 100% beside it)

The screenshot shows a table of direct deposit accounts. The last row is highlighted with a red arrow pointing to it, and the value '100.00%' in the percentage column is circled in red.

Active	PNCBANK	\$100.00
Active	PNCBANK	\$10.00
Active	PNCBANK	2500.00
Active	PNCBANK	100.00%

2. Choose the new type of account from the drop down box: CHECKING or SAVINGS

The screenshot shows the 'Bank Account Information' form. The 'Account Type' dropdown menu is open, and 'Checking' is selected. A red arrow points to the dropdown menu.

Account type (Required): **Checking**

Account Number (Required): XXXX620012

Routing Number (Required): 241272040

Bank (Required): WAYNE SAVINGS COMM BANK

Confirm Account Number: [Empty]

New Account Number: [Empty]

3. Type in the NEW routing number & the NEW bank should automatically pop into the bank field

The screenshot shows the 'Bank Account Information' form. The 'Routing Number' field is highlighted with a red circle, and the 'Bank' field is highlighted with a red arrow.

Account type (Required): **Checking**

Account Number (Required): XXXX620012

Routing Number (Required): **241272040**

Bank (Required): **WAYNE SAVINGS COMM BANK**

Confirm Account Number: [Empty]

New Account Number: [Empty]

Confirm New Account Number: [Empty]

4. Confirm the OLD account number that you are changing in the CONFIRM ACCOUNT NUMBER field.

- It should match the one listed above it in the ACCOUNT NUMBER field
- This verifies that you are changing that account

The screenshot shows the 'Bank Account Information' form. The 'Confirm Account Number' field is highlighted with a red box, and a red arrow points to it.

Account type (Required): **Checking**

Account Number (Required): XXXX620012

Routing Number (Required): 241272040

Bank (Required): WAYNE SAVINGS COMM BANK

Confirm Account Number: **555620012**

New Account Number: [Empty]

Confirm New Account Number: [Empty]

Buttons: Cancel, Save

5. Add the NEW account number in the new account number field and the confirm new account number field.

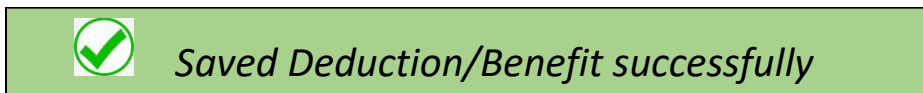
Bank Account Information

Account Type <small>Required</small> Checking	Account Number <small>Required</small> X000620012
Routing Number <small>Required</small> 241272040	Confirm Account Number .
Bank <small>Required</small> WAYNE SAVINGS COMM BANK	New Account Number 12345678
	Confirm New Account Number 12345678

Cancel Save

6. Click **SAVE** button as shown below

- You will see a message display at the top of your screen that says



7. Scroll to the bottom of the page and locate the **ADDITIONAL INFORMATION SECTION**

- Click on the link to open up the direct deposit form

Additional information

Additional Information  
[http://www.youresc.k12.oh.us/sites/default/files/2018-04/DirectDepositForm%2808-2018%29\\_0.pdf](http://www.youresc.k12.oh.us/sites/default/files/2018-04/DirectDepositForm%2808-2018%29_0.pdf)

<b><i>This is secondary direct deposit account information.</i></b><br><br><b>In addition to changing your direct deposit information on this page, you MUST submit the form linked to above along with specific \$ allocations outlined to the payroll office.The change will not be effective for payroll processing until all of the preceding steps have been completed & the payroll office has reviewed the change.</b><br><b>Note:</b><u>Changes made will NOT be immediately effective.</u>

Attachment  
Add Attachment

8. Complete the paper form with the same information that you just entered into the EAC system.

- Attach a voided check or document provided by the bank
- MAIL or DELIVER to:  
**Tri-County ESC**  
**Attn: Payroll Dept.**  
**741 Winkler Dr.**  
**Wooster, OH 44691**

**Tri-County Educational Service Center  
 Direct Deposit Payroll Authorization**

Tri-County Educational Service Centers requires all employees to have payroll checks deposited directly into personal accounts through electronic wiring.

**Authorization**

I authorize the Tri-County Educational Service Center Treasurer to initiate electronic entries to the following accounts:

To have 100% of your check deposited in one account, complete Section 1.

To have your check deposited into more than one account, complete Section 2.

**\*\*\*\*Please supply a voided check for any checking accounts to ensure accuracy.\*\*\*\***

If a "voided" check is not provided a check will be issued until account information can be verified

**Section 1.**

Financial Institution Name \_\_\_\_\_

Routing Transit Number \_\_\_\_\_

Account Number \_\_\_\_\_

Type of Account (Check One)       Checking       Savings

Distribution       100% in Account

**Section 2.**      *Please Note: Distribution must total 100%.*

Financial Institution Name \_\_\_\_\_

Routing Transit Number \_\_\_\_\_

Account Number \_\_\_\_\_

Type of Account (Check One)       Checking       Savings

Distribution       Enter % for this account

Financial Institution Name \_\_\_\_\_

Routing Transit Number \_\_\_\_\_

Account Number \_\_\_\_\_

Type of Account (Check One)       Checking       Savings

Distribution       Enter % for this account

Financial Institution Name \_\_\_\_\_

Routing Transit Number \_\_\_\_\_

Account Number \_\_\_\_\_

Type of Account (Check One)       Checking       Savings

Distribution       Enter % for this account

This authority shall remain in effect until the Treasurer of the Tri-County Educational Service Center has received written notification from me of its change in such time and manner as to afford the employer and financial institution a reasonable opportunity to act on it.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Last four digits of social security number      \_\_\_\_\_

**NO CHANGES TO YOUR DIRECT DEPOSIT ACCOUNTS CAN BE MADE UNTIL YOU HAVE COMPLETED BOTH STEPS IN THIS PROCESS FOR SECURITY PURPOSES.**



## C. TO ADD A NEW/ADDITIONAL DIRECT DEPOSIT ACCOUNT:

- **You must FOLLOW the steps outlined here**

1. Click on the **ADD NEW DIRECT DEPOSIT** tab at the top of the screen

The screenshot shows the 'Deductions and Benefits' page. On the left sidebar, there are navigation options: Personal Information, Salary and Benefits, Leave Information, Links, and Administration. The main content area has a header 'Deductions and Benefits' and a sub-header 'Add New Direct Deposit' with a red arrow pointing to it. Below this is an information box: 'You can make changes only to certain deductions or benefits throughout the year. The rest, you can review the information about the deduction or benefit'. A table lists several active deductions:

Status	Deduction Title	Employee Paid	Employee YTD	Employer Paid	Employer YTD
Active	SERS				
Active	SERS BOE				
Active	CLAS MEDICAL FT FAMILY				
Active	CLAS BOE MEDICAL FT FAMIL				
Active	CLAS DENTAL FT FAMILY				
Active	CLAS BOE DENTAL FT FAMILY				

- This will then open up a new window for you to add the new account

2. Choose the direct deposit **CODE** for the type of account this is from the drop down box: **REFER TO THE LISTING OF CODES** Titled **Direct Deposit Code Choices**

- **9990-9994: set AMOUNT \$**

- **9995-9998: PERCENTAGE % (ALL direct deposit accounts must = 100%)**

The screenshot shows the 'Add New Direct Deposit' form. The title 'Add New Direct Deposit' is circled in red. Below it is an 'Important Note' box: 'Important Note: This new direct deposit deduction will be saved in a batch for the payroll department to post. This will not be active immediately.' The 'Select Direct Deposit Option' dropdown menu is also circled in red and set to '9993 - DIRECT DEPOSIT \$'. A red arrow points to the dropdown arrow. The form includes the following fields:

- Status (Required): Active
- Employee Paid (Required): 0 \$
- Routing Number (Required):
- Account Type (Required): Checking
- Bank Name (Required):
- Account Number (Required):
- Effective Date (Required): 11/17/2023
- Confirm Account Number (Required):

Additional Information: [http://www.vouresc.k12\\_oh.us/sites/default/files/2018-08/DirectDepositForm%2808-2018%29\\_0.pdf](http://www.vouresc.k12_oh.us/sites/default/files/2018-08/DirectDepositForm%2808-2018%29_0.pdf)

Buttons: Cancel, Add

3. Fill in ALL of the boxes with the information for the new account:

- Amount or percentage to be distributed to that account (Employee Paid field)
- Routing Number
  - o The Bank Name will autofill
- Account Type: Checking or Savings (Use drop down box to choose)
- Account Number
- Confirm Account Number

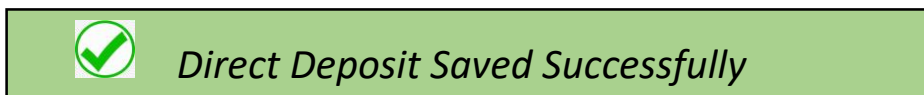
The screenshot shows a web form titled "Add New Direct Deposit". At the top, there is an "Important Note" in a blue box: "This new direct deposit deduction will be saved in a batch for the payroll department to post. This will not be active immediately." Below this, the form has several sections:

- Select Direct Deposit Option:** A dropdown menu with "9993 - DIRECT DEPOSIT \$" selected.
- Status:** A dropdown menu with "Active" selected.
- Employee Paid:** A text input field containing "25.00" followed by a "\$" symbol.
- Routing Number:** A text input field containing "041000124".
- Account Type:** A dropdown menu with "Checking" selected.
- Bank Name:** A text input field containing "PNC BANK".
- Account Number:** A text input field containing "0000999000".
- Confirm Account Number:** A text input field containing "0000999000".
- Effective Date:** A date picker showing "11/17/2023".

At the bottom, there are "Cancel" and "Add" buttons. A red arrow points to the "Add" button. Another red arrow points to the "Account Type" dropdown menu.

4. Click **ADD** button as shown

- You will see a message display at the top of your screen that says



**5. Scroll to the bottom of the page and locate the ADDITIONAL INFORMATION SECTION**

**- Click on the link to open up the direct deposit form**

Additional information

Additional Information  
[http://www.youresc.k12.oh.us/sites/default/files/2018-08/DirectDepositForm%2808-2018%29\\_0.pdf](http://www.youresc.k12.oh.us/sites/default/files/2018-08/DirectDepositForm%2808-2018%29_0.pdf)

This is secondary direct deposit account information. In addition to changing your direct deposit information on this page, you MUST submit the form linked to above along with specific \$ allocations outlined to the payroll office. The change will not be effective for payroll processing until all of the preceding steps have been completed & the payroll office has reviewed the change. Note: Changes made will NOT be immediately effective.

Attachment  
[Add Attachment](#)

**6. Complete the paper form with the same information that you just entered into the EAC system.**

- **Attach a voided check or document provided by the bank**
- **MAIL or DELIVER to:  
Tri-County ESC  
Attn: Payroll Dept.  
741 Winkler Dr.  
Wooster, OH 44691**

**Tri-County Educational Service Center  
Direct Deposit Payroll Authorization**

Tri-County Educational Service Centers requires all employees to have payroll checks deposited directly into personal accounts through electronic wiring.

**Authorization**

I authorize the Tri-County Educational Service Center Treasurer to initiate electronic entries to the following accounts:

- To have 100% of your check deposited in one account, complete Section 1.
- To have your check deposited into more than one account, complete Section 2.

**\*\*\*\*Please supply a voided check for any checking accounts to ensure accuracy.\*\*\*\***

If a "voided" check is not provided a check will be issued until account information can be verified

**Section 1.**

Financial Institution Name \_\_\_\_\_  
Routing Transit Number \_\_\_\_\_  
Account Number \_\_\_\_\_  
Type of Account (Check One)  Checking  Savings  
Distribution  100% in Account

**Section 2. Please Note: Distribution must total 100%.**

Financial Institution Name \_\_\_\_\_  
Routing Transit Number \_\_\_\_\_  
Account Number \_\_\_\_\_  
Type of Account (Check One)  Checking  Savings  
Distribution  Enter % for this account

Financial Institution Name \_\_\_\_\_  
Routing Transit Number \_\_\_\_\_  
Account Number \_\_\_\_\_  
Type of Account (Check One)  Checking  Savings  
Distribution  Enter % for this account

Financial Institution Name \_\_\_\_\_  
Routing Transit Number \_\_\_\_\_  
Account Number \_\_\_\_\_  
Type of Account (Check One)  Checking  Savings  
Distribution  Enter % for this account

This authority shall remain in effect until the Treasurer of the Tri-County Educational Service Center has received written notification from me of its change in such time and manner as to afford the employer and financial institution a reasonable opportunity to act on it.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Last four digits of social security number \_\_\_\_\_

**NO CHANGES TO YOUR DIRECT DEPOSIT ACCOUNTS CAN BE MADE UNTIL YOU HAVE COMPLETED BOTH STEPS IN THIS PROCESS FOR SECURITY PURPOSES.**

## **PLEASE NOTE THE FOLLOWING FOR ALL DIRECT DEPOSIT:**

- You **MUST** follow the same steps for each account that you wish to add or change. If you have multiple accounts, especially those that are designated with a % to each one, they must equal 100%. (You may need to change the old account percentages as well, if you have multiple accounts)
- **ONLY 1** direct deposit form will need to be completed and returned, regardless of the number of accounts that you are changing. The form should reflect the correct deposit designation for your ENTIRE deposit of your payment.

### **IMPORTANT:**

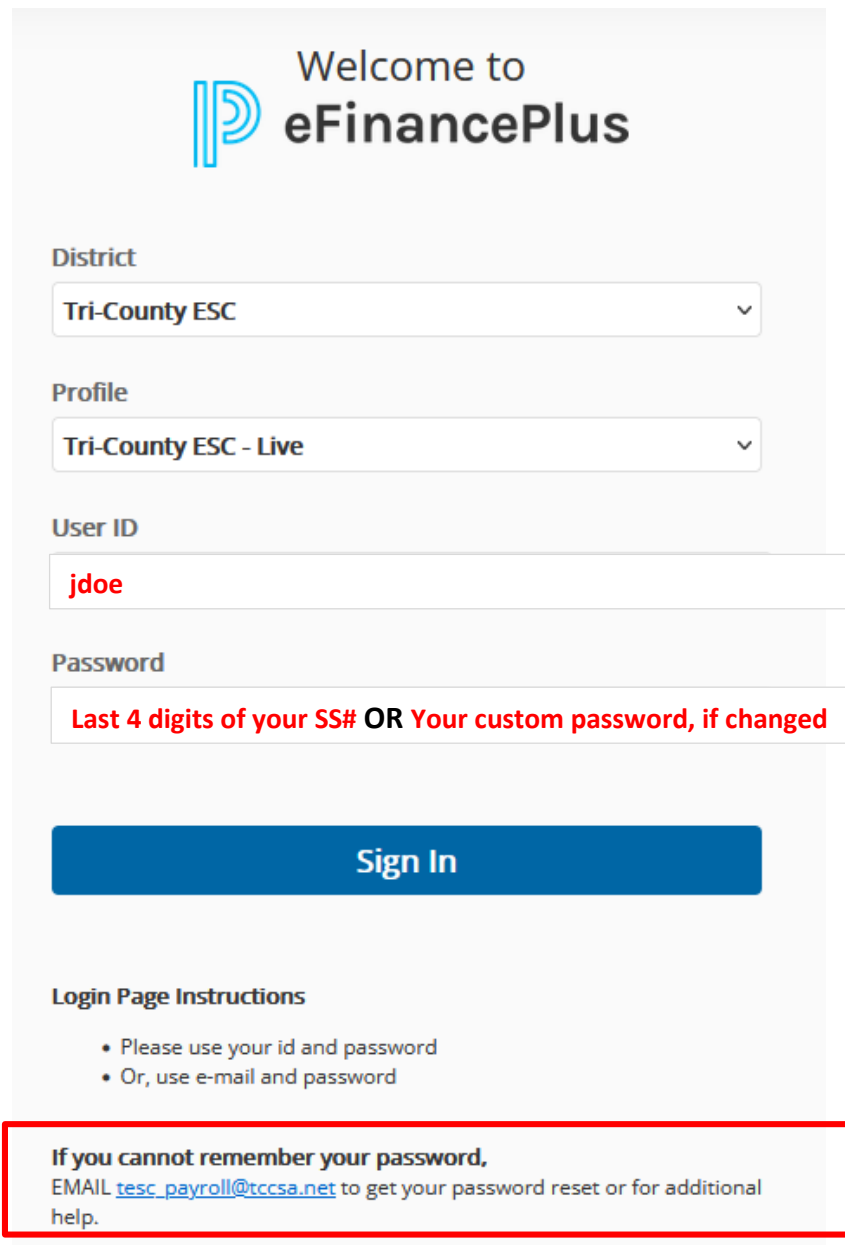
Any changes to your direct deposit information should be submitted at least 1 week prior to a pay date in order to be effective for that pay date. *This includes completing the required form and receipt of that form by the payroll office.*

- No changes will be made until that form has been received so that we can confirm your instructions and more importantly, your identity.

13. Upon **SEPARATION OF EMPLOYMENT** you may still access your information through the EAC.

- Especially important to access and **print your W-2 copies here.**

- After **SEPARATION** your **USERNAME** will be automatically changed to the **FIRST INITIAL** of your **FIRST NAME** and your **FULL LAST NAME – ALL LOWER CASE**
  - Example: John Doe = jdoe
- Your **PASSWORD** will **NOT** be changed. Therefore, it will be the same password that it was upon separation.
- When logging in, see instructions below



Welcome to  
**eFinancePlus**

District  
Tri-County ESC

Profile  
Tri-County ESC - Live

User ID  
jdoe

Password  
Last 4 digits of your SS# OR Your custom password, if changed

**Sign In**

**Login Page Instructions**

- Please use your id and password
- Or, use e-mail and password

**If you cannot remember your password,**  
EMAIL [tesc\\_payroll@tccsa.net](mailto:tesc_payroll@tccsa.net) to get your password reset or for additional help.

TRI-COUNTY EDUCATIONAL SERVICE CENTER  
ACCIDENT REPORT and ANALYSIS WORKSHEET

Revised August 28, 2014

**("All information" must be completed and signed by "Employee's Immediate Supervisor" (injured employee and supervisor signatures are required), and "promptly" submitted to TESC Safety Manager at 741 Winkler Dr., Wooster, OH 44691)**

Administrator submitting form \_\_\_\_\_ Date \_\_\_\_\_

**I. EMPLOYEE INFORMATION** (Please Print or Type)

Employee Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Job Title/Program/Address \_\_\_\_\_ Days of Week Worked \_\_\_\_\_

Work Schedule: Hours \_\_\_\_\_ am \_\_\_\_\_ pm # \_\_\_\_\_ Days/wk Wage Rate \_\_\_\_\_

DOB \_\_\_\_\_ Sex  Male  Female Marital Status \_\_\_\_\_ Number of Dependents \_\_\_\_\_

Employee Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Date Employed \_\_\_\_\_ Email \_\_\_\_\_  
(Contact Treasurer's Office if not known)

**II. INJURY/TREATMENT/LOCATION INFORMATION:** Date of Injury or Onset of Symptoms \_\_\_\_\_ Time \_\_\_\_\_ AM/PM (Circle One)

Name of location and address of injury \_\_\_\_\_

Specific part(s) of the body that were injured (right, left, etc.) \_\_\_\_\_

**Accident Event and Location:** Briefly describe **exactly what happened and specific location**; include injured person's comments (be specific – identify any objects or substances that were involved; continue on back of page as necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was **first aid** administered?  Yes  No If so, by whom? \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Was **other medical treatment** provided?  Yes  No If so, by whom? \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**TREATMENT FACILITY:**

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Time (if left work for medical treatment) \_\_\_\_\_ (AM/PM), **Emergency Room?**  Yes  No Return Time \_\_\_\_\_ (AM/PM)

Was the party providing treatment **BWC Certified?**  Yes  No

**III. OTHER IMPORTANT INFORMATION:**

To whom/when was the **injury reported?** \_\_\_\_\_ Date/Time \_\_\_\_\_

Will injury likely cause **loss of time worked?**  Yes  No **Was previous injury aggravated?**  Yes  No

Briefly state previous injury type/date: \_\_\_\_\_

**Similar injury in the past?**  Yes  No When (date)? \_\_\_\_\_ Where? \_\_\_\_\_

**PERRP Training** \_\_\_\_\_ (Most Recent Date & Location or TCESC On-Line PERRP)

Date last worked / / Date returned to work / / Number of Calendar Days Out / / Total Days Restriction / /

If **Traffic Accident** during work schedule: Specific location \_\_\_\_\_ Who was cited? \_\_\_\_\_

Going from (point of departure) \_\_\_\_\_ to (destination) \_\_\_\_\_ (Must submit copy of Police Report)

**IV. WHAT HAS BEEN (WILL BE) DONE TO PREVENT A REOCCURRENCE OF THE ACCIDENT?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# TRI-COUNTY EDUCATIONAL SERVICE CENTER

## TIME SHEET

Employee Name \_\_\_\_\_

Pay Period \_\_\_\_\_ Pay Date \_\_\_\_\_

Date	A.M.		Lunch	P.M.		Total Hours
	Time in	Time out		Time in	Time out	

For Office Use Only

Rate	X _____	= \$ _____	Amount Due	
	Hours			
O.T. Rate	X _____	= \$ _____	Amount Due	
	Hours			
Misc. Pay	_____	= \$ _____	Amount Due	\$ _____ Total Due
Pay Act.	_____			
Service Days	_____	OBES Weeks _____		
Work Days	_____			

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Superintendent Signature

Approved timesheets should be submitted to [tesc\\_payroll@tccsa.net](mailto:tesc_payroll@tccsa.net) Please do NOT fax

TRI-COUNTY EDUCATIONAL SERVICE CENTER

Staff Absence Request
Submit one form per category.

Name of Substitute

Name \_\_\_\_\_ Dates (s) of Absence \_\_\_\_\_

Total Days Requested (1/4 or full day increments only) \_\_\_\_\_

I hereby certify that it was necessary for me to be absent from my regular duties due to the following (Please check applicable category)

[ ] Sick Leave Reason for absence \_\_\_\_\_

[ ] Vacation - Must be arranged at least 2 days prior to the date requested.

[ ] Personal Leave - Must be requested 24 hours in advance, unless an emergency. Must be used for personal obligations that are necessary and compelling for the specific activity identified below that cannot be done outside of the work day

- Family Events
Community Events
Business Transactions
Legal Transactions
School District Calamity Days (administrators & psychologists only)
Other: specify reason \_\_\_\_\_

[ ] Professional Leave

[ ] Jury Duty

[ ] FMLA (Family Medical Leave Act) - Must be approved prior to taking leave.

[ ] Other \_\_\_\_\_ IEP Meeting, etc.

[ ] Short-Term Unpaid (1-5 days) - Must be approved prior to taking leave.

I further certify that I have read Board policy and am requesting this leave in accordance with that policy.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

[ ] Approved [ ] Not Approved Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

[ ] Approved [ ] Not Approved Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

[ ] Approved [ ] Not Approved Superintendent's Signature \_\_\_\_\_ Date \_\_\_\_\_

All approvals are pending certification of available leave from the Treasurer's Office.

Please copy as needed. You will only receive a copy back if disapproved.



# TRI-COUNTY EDUCATIONAL SERVICE CENTER

## MEETING ATTENDANCE APPROVAL REQUEST

(Conventions, Conferences, Workshops, College Coursework)

NAME \_\_\_\_\_ DATE OF REQUEST \_\_\_\_\_  
(your name or the name of the organization to be reimbursed)

Approval requested for attendance at the following meeting:

---

---

Name of Organization \_\_\_\_\_

Place \_\_\_\_\_

Date of Meeting \_\_\_\_\_

Estimated Expense: Lodging \_\_\_\_\_  
Meals \_\_\_\_\_ (Maximum \$35 per day)  
Transportation \_\_\_\_\_  
Other (explain) \_\_\_\_\_  
Total \_\_\_\_\_

Please note: Original, itemized receipts are required for your reimbursement.

Employee Signature \_\_\_\_\_

---

---

### ADMINISTRATIVE APPROVAL/SIGNATURES

		Approved	Not Approved	
Immediate Supervisor	_____	Date _____	<input type="checkbox"/>	<input type="checkbox"/>
Director	_____	Date _____	<input type="checkbox"/>	<input type="checkbox"/>
Superintendent	_____	Date _____	<input type="checkbox"/>	<input type="checkbox"/>

File a separate request for each meeting

# TRI-COUNTY EDUCATIONAL SERVICE CENTER

## PROFESSIONAL MEETING EXPENSE REPORT

Name \_\_\_\_\_

Conference or Meeting Attended \_\_\_\_\_

Date \_\_\_\_\_ Place \_\_\_\_\_

### I. MILEAGE

Miles

From \_\_\_\_\_ To \_\_\_\_\_ = \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ = \_\_\_\_\_

Total Miles \_\_\_\_\_

Total Miles at \$.67 per mile

### II. MEALS (Maximum \$35 per day. ~~Original itemized~~ receipts MUST accompany this form.)

<u>Date</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Meals

### III. LODGING (Original receipts required)

Total Lodging

### IV. OTHER EXPENSES (Registration, Parking, Tuition, etc. – Itemize below & attach original receipts)

<u>Date</u>	<u>Item</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Total Other Expenses \$

TOTAL OF ALL EXPENSES \$

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

### ADMINISTRATIVE APPROVAL

Immediate Supervisor \_\_\_\_\_

Date \_\_\_\_\_

Director \_\_\_\_\_

Date \_\_\_\_\_

Superintendent \_\_\_\_\_

Date \_\_\_\_\_

**TRI-COUNTY EDUCATIONAL SERVICE CENTER**  
**College Credit Reimbursement Guidelines**  
*Effective August 1, 2007*

Amount Reimbursed:

Reimbursement will be based on funding level set by the Tri-County Educational Service Center Governing Board each fiscal year (August 1 - July 31). The current amount set aside for reimbursement is \$15,000 per year. To be eligible the student must be an ODE certified/licensed employee of the Tri-County Educational Service Center (ESC).

Rules Governing Reimbursement:

1. Funding will be available to full-time certificated/licensed employees of the Tri-County ESC on a first come basis. Classes will be reimbursed at the rate of \$150 per semester hour or \$100 per quarter hour. A maximum of 8 semester hours or 12 quarter hours will be reimbursed per contract year.
2. **Prior request for reimbursement must be submitted before the first class meeting on the appropriate College Credit Reimbursement form.** Classes must be related to your current work assignment. The Tri-County Superintendent's approval or denial of course work is final.
3. Upon completion of the class, a receipt of payment (acceptable by the Tri-County ESC Treasurer) and an official grade sheet or transcript showing the grade and hours awarded **must be submitted for reimbursement within 60 days of completion.**
4. Only classes in which a grade of "B" or above is earned will be eligible for reimbursement. Classes completed under a pass/fail grade option are not eligible for reimbursement.
5. Classes must be completed at a college or university recognized as accredited by the State Department of Education.
6. Participants can only be reimbursed for tuition amounts not being reimbursed by another scholarship or tuition reimbursement funding source.
7. Participants must remain employees of the ESC for two years after the completion of the class. Employees who voluntarily resign from the ESC prior to the two-year window will be required to repay any reimbursed tuition paid within the past two years. Payment must be received prior to the issuance of the employee's last check from the ESC.

Office Use Only: Term/Year \_\_\_\_\_

Revised 4/27/2009

**TRI-COUNTY EDUCATIONAL SERVICE CENTER**  
Credit Reimbursement Request

*(Please print or type)*

Participant's Name \_\_\_\_\_

Current District Assignment \_\_\_\_\_ Job Assignment \_\_\_\_\_

Application Date \_\_\_\_\_ Date of First Class Meeting \_\_\_\_\_

<u>Course No.</u>	<u>Course Title</u>	<u>University/College</u>	<u>Number of Semester Hours</u>
_____	_____	_____	_____
_____	_____	_____	_____

Please explain how the above class is related to work assignment at the ESC.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I have read and understand the requirements for credit reimbursement, see attached requirements.**

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

*Office Use Only*

\_\_\_\_\_ Approved for \$ \_\_\_\_\_ reimbursement (upon successful completion of course work, receipt of record of grade(s), and payment receipt **within 60 days of class completion**).

\_\_\_\_\_ Not Approved. Reason: \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Superintendent

Payment Receipt	_____
Evidence of Grade	_____
Approved for Payment	_____ Date _____
	Superintendent



# Flexible Spending Account Enrollment Form

Company Name _____		Group Number _____	Location _____
		Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
First Name _____	MI _____	Last Name _____	
Address _____			
City _____		State _____	Zip Code _____
Gender _____	Marital Status _____	Date of Birth _____	

Date of Hire: \_\_\_\_\_

Flex Effective Date: \_\_\_\_\_

Payroll Schedule

Monthly       Semi-Monthly

Bi-Weekly       Weekly

HEALTHCARE	\$	Contribution per Pay Period <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	X	Number of Pay Periods Remaining in Plan Year <input type="text"/> <input type="text"/>	=	Annual Election Amount <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <small>CANNOT EXCEED \$3,200.00 PER IRS</small>
DEPENDENT CARE	\$	Contribution per Pay Period <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	X	Number of Pay Periods Remaining in Plan Year <input type="text"/> <input type="text"/>	=	Annual Election Amount <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <small>CANNOT EXCEED \$5,000 PER HOUSEHOLD</small>

**AUTHORIZATION:** Please select your enrollment option below, then sign and date your form and submit to your benefit services department.

I elect to participate in my employer's Flexible Spending Account Plan and agree to be bound by the terms of my employer's plan. I understand that the contribution(s) I have elected will be made with pre-tax salary reductions and that such reductions reduce my compensation for Social Security benefit purposes. I understand that this agreement is only for eligible services and treatment provided during the Plan Year and that said services must be provided before the submission of claims for reimbursement. I also understand that I am making a binding election for the entire Plan Year unless I have a qualified change of status as defined by my employer's plan. Any salary deductions that have not been used for expenses incurred in the Current Plan Year may be forfeited depending on the terms of my employer's plan.

If the Plan Administrator determines that an expense I submitted for reimbursement was not a qualified expense under the Plan Documents, I shall immediately reimburse the plan for the entire amount of the unqualified expense. If I fail to timely reimburse the Plan, I understand that amounts may be withheld from wages or from otherwise valid expenses under the Plan in order to reimburse the unqualified expense.

I decline enrollment in my employer's Flexible Spending Account Plan.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date



**TCESC**

# New Vendor Request Form

Requested vendor: Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Reason for request: \_\_\_\_\_  
\_\_\_\_\_

Anticipated frequency of use: \_\_\_\_\_

Vendor accepts purchase orders Yes \_\_\_\_\_ No \_\_\_\_\_

Vendor is in the United States Yes \_\_\_\_\_ No \_\_\_\_\_

Vendor is a family member of an ESC employee Yes \_\_\_\_\_ No \_\_\_\_\_

**\*\*Vendors outside the United States will not be permitted.\*\***

Requested by: \_\_\_\_\_

Supervisor approval: \_\_\_\_\_

.....

***Treasurer's Office Use Only:***

Ohio Secretary of State Business Filing Portal \_\_\_\_\_

Auditor of State Findings for Recovery Database \_\_\_\_\_

U.S. System for Award Management (SAM) Excluded Parties \_\_\_\_\_

W-9 date requested \_\_\_\_\_ (Must have a completed W9 before Vendor will be approved)

***Treasurer approval:*** \_\_\_\_\_

.....

New vendor # \_\_\_\_\_

Entered in USAS \_\_\_\_\_