

Department of Accounts Payroll Bulletin

Calendar Year 2008

May 16, 2008

Volume 2008-07

*In This Issue of
the Payroll
Bulletin.....*

- ✓ **Payroll Processing – FYE 2008**
- ✓ **Benefit/Deduction Rate Changes**
- ✓ **FY 09 Healthcare Rate Tables**
- ✓ **Payroll Operations Calendar – June 2008**

The Payroll Bulletin is published periodically to provide CIPPS agencies guidance regarding Commonwealth payroll operations. If you have any questions about the bulletin, please call Cathy McGill at (804) 371-7800 or Email at cathy.mcgill@doa.virginia.gov

State Payroll Operations

Director Lora L. George
Assistant Director Cathy C. McGill

PAYROLL PROCESSING - FISCAL YEAR-END

Introduction

This Payroll Bulletin addresses payroll processing for Fiscal Year-End 2008, Fiscal Year 2009 benefit rates (including healthcare rate tables), and the June - November 2008 payroll operations calendar. **Please provide a copy of this bulletin to all appropriate personnel within your agency.**

Key Payroll Operations Dates for June 2008

- **June 10** – Semi-monthly salary certification deadline for **PPE 6/9**.
- **June 16** - Healthcare reconciliations and related IATs due to DOA for the May coverage month.
- **June 19** – Last day to certify wage/special payrolls charged to **FY 08**. You must use a June check date, no July check dates will be allowed.
- **June 20** – First day to certify Semi-monthly salary for PPE 6/24, Payday July 1. **All payrolls certified on or after June 20 will be charged to FY 09 and must have July check dates.**
- **June 25** - Semi-monthly salary certification deadline for **PPE 6/24**. **Will be charged to FY 09.**
- **June 30** – Leave keying deadline. **CIPPS files close at 2:00 pm** for fiscal year end processing.

Payroll Expenditures

Salaried payroll expenditures for the June 10 - 24 pay period (July 1, 2008 payday) will be charged to FY2009 without exception. CARS postings for this payday will be controlled by DOA. To execute this requirement, all payrolls certified on June 20, 2008 or later will be charged to FY2009.

Non-salaried and special pays certified between June 11 and June 19 will be charged to FY2008. These payruns are for non-salaried (e.g., hourly) and special payrolls only. *Salaried payroll certifications for the period ending June 24th will not be permitted on these dates.* If you plan to certify during this time, contact Cathy McGill by e-mail to cathy.mcgill@doa.virginia.gov or (804) 371-7800.

Continued on next page

PAYROLL PROCESSING - FISCAL YEAR-END 2008, continued

“P” and “N” Vouchers Agencies are not required to use the “P” or “N” on payroll vouchers processed through CIPPS. CIPPS payrolls post to CARS as a batch type 9, which does not require the “P/N” voucher process.

VRS Rate Schedule Effective with the June 25 – July 9 pay period (July 16 payday), contribution rates for VRS administered programs are scheduled to change to the rates listed below. **No action is required by agencies; DOA will adjust the rates in CIPPS.**

| Benefit Name | Rate | Expenditure Code |
|--|--------|------------------|
| Retirement- | | |
| State employees | 11.23% | 1111 |
| State Police | 25.05% | 1111 |
| Judicial | 39.51% | 1111 |
| VaLORS | 19.23% | 1111 |
| Group Insurance | 0.82% | 1114 |
| Retiree Health Insurance Credit | 1.18% | 1116 |
| Long-Term Disability | 1.94% | 1117 |

Optional Group Life Premium Update

The Optional Group Life premium rates remain the same. The premiums are based on the salary of the member and the age of the member or spouse on January 1, 2008.

Questions regarding coverage or premiums should be directed to Joe Chang at Minnesota Life at:

Joe Chang, Richmond Branch Office
joseph.chang@minnesotalife.com
Phone: 1-800-441-2258, ext. 101
Fax: 804-644-2460

CIPPS Security

If you make changes to who has authority to approve the Payroll Check Authorizations on your Authorized Signatories Form (DA-04-121), be sure that you also complete the CIPPS Security Authorization form to add or remove that person’s access to CIPPS.

Continued on next page

PAYROLL PROCESSING - FISCAL YEAR-END 2008, continued

Flexible Benefits

Mass transactions to deactivate the flexible benefit deductions (Deduction 21, Dependent Care and Deduction 22, Medical Reimbursement) and zero the amount and goal fields will be executed by DOA on June 30. **DOA will then establish the new plan year deduction amounts from data provided through BES. No data entry will be required by agency personnel for flexible benefit deductions. Please review all transactions for accuracy.**

A future bulletin will announce changes affecting this process.

Healthcare Premium Schedules

On July 1, 2008, the new healthcare premiums specified in DHRM's *Spotlight* Spring 2009 Open Enrollment Issue, and listed on pages 4-8 in this bulletin, will take effect.

The new Healthcare Premium schedules distributed by DHRM are divided into two sections. The first section applies to active employees, the second to employees on LWOP. All healthcare providers are listed below and categorized alphabetically.

| Provider | Active Provider Code | Involuntary Separation Provider Code | Project Code |
|---|----------------------|--------------------------------------|--------------|
| COVA Care Basic (Includes basic dental) | 42 | 92 | 93002 |
| COVA Care Out-of-Network (OON) | 43 | 93 | 93002 |
| COVA Care Expanded Dental (ED) | 44 | 94 | 93002 |
| COVA Care Out-of-Network and Expanded Dental (OON/ED) | 45 | 95 | 93002 |
| COVA Care Vision, Hearing and Expanded Dental (V/H/ED) | 46 | 96 | 93002 |
| COVA Care Out-of-Network and Vision, Hearing and Expanded Dental (Full) | 47 | 97 | 93002 |
| COVA HDHP (High Deductible Health Plan) | 50 | 90 | 93002 |
| Kaiser Permanente HMO (Available in Northern Virginia Only) | 06 | 56 | 93003 |

DOA will enter premium changes into CIPPS to become effective with the 6/25-7/9 pay period (July 16, 2008 payday) on June 30, 2008. DOA will automatically change these deductions for active employee deductions. If you have any questions about the schedules, contact Denise Halderman, via e-mail at denise.halderman@doa.virginia.gov or (804) 371-8912.

Continued on next page

COVA Care Basic (BES – CC0)

Provider Code: 42/92

| <u>Employee Coverage Code</u> | <u>Semi-Monthly</u> | | | <u>Monthly</u> | | |
|-----------------------------------|---------------------|----------|----------|----------------|----------|------------|
| | Employee | Agency | Total | Employee | Agency | Total |
| S - Employee Only | \$20.50 | \$186.50 | \$207.00 | \$41.00 | \$373.00 | \$414.00 |
| D - Employee Plus One | \$50.50 | \$332.00 | \$382.50 | \$101.00 | \$664.00 | \$765.00 |
| F - Family | \$72.00 | \$487.00 | \$559.00 | \$144.00 | \$974.00 | \$1,118.00 |
| O - Employee Only - Part Time | \$227.50 | \$0.00 | \$227.50 | \$455.00 | \$0.00 | \$455.00 |
| T - Employee Plus One - Part Time | \$421.00 | \$0.00 | \$421.00 | \$842.00 | \$0.00 | \$842.00 |
| M - Family - Part Time | \$615.50 | \$0.00 | \$615.50 | \$1,231.00 | \$0.00 | \$1,231.00 |

COVA Care OON (BES – CC1)

Provider Code: 43/93

| <u>Employee Coverage Code</u> | <u>Semi-Monthly</u> | | | <u>Monthly</u> | | |
|-----------------------------------|---------------------|----------|----------|----------------|----------|------------|
| | Employee | Agency | Total | Employee | Agency | Total |
| S - Employee Only | \$26.00 | \$186.50 | \$212.50 | \$52.00 | \$373.00 | \$425.00 |
| D - Employee Plus One | \$58.00 | \$332.00 | \$390.00 | \$116.00 | \$664.00 | \$780.00 |
| F - Family | \$82.00 | \$487.00 | \$569.00 | \$164.00 | \$974.00 | \$1,138.00 |
| O - Employee Only - Part Time | \$233.00 | \$0.00 | \$233.00 | \$466.00 | \$0.00 | \$466.00 |
| T - Employee Plus One - Part Time | \$428.50 | \$0.00 | \$428.50 | \$857.00 | \$0.00 | \$857.00 |
| M - Family - Part Time | \$625.50 | \$0.00 | \$625.50 | \$1,251.00 | \$0.00 | \$1,251.00 |

COVA Care ED (BES – CC2)

Provider Code: 44/94

| <u>Employee Coverage Code</u> | <u>Semi-Monthly</u> | | | <u>Monthly</u> | | |
|-----------------------------------|---------------------|----------|----------|----------------|----------|------------|
| | Employee | Agency | Total | Employee | Agency | Total |
| S - Employee Only | \$27.50 | \$186.50 | \$214.00 | \$55.00 | \$373.00 | \$428.00 |
| D - Employee Plus One | \$64.00 | \$332.00 | \$396.00 | \$128.00 | \$664.00 | \$792.00 |
| F - Family | \$92.00 | \$487.00 | \$579.00 | \$184.00 | \$974.00 | \$1,158.00 |
| O - Employee Only - Part Time | \$234.50 | \$0.00 | \$234.50 | \$469.00 | \$0.00 | \$469.00 |
| T - Employee Plus One - Part Time | \$434.50 | \$0.00 | \$434.50 | \$869.00 | \$0.00 | \$869.00 |
| M - Family - Part Time | \$635.50 | \$0.00 | \$635.50 | \$1,271.00 | \$0.00 | \$1,271.00 |

COVA Care OON/ED (BES – CC3)

Provider Code: 45/95

| <u>Employee Coverage Code</u> | <u>Semi-Monthly</u> | | | <u>Monthly</u> | | |
|-------------------------------|---------------------|----------|----------|----------------|----------|------------|
| | Employee | Agency | Total | Employee | Agency | Total |
| S - Employee Only | \$32.50 | \$186.50 | \$219.00 | \$65.00 | \$373.00 | \$438.00 |
| D - Employee Plus One | \$71.00 | \$332.00 | \$403.00 | \$142.00 | \$664.00 | \$806.00 |
| F - Family | \$101.50 | \$487.00 | \$588.50 | \$203.00 | \$974.00 | \$1,177.00 |
| O - Employee Only - Part Time | \$239.50 | \$0.00 | \$239.50 | \$479.00 | \$0.00 | \$479.00 |

| | | | | | | |
|-----------------------------------|----------|--------|----------|------------|--------|------------|
| T - Employee Plus One - Part Time | \$441.50 | \$0.00 | \$441.50 | \$883.00 | \$0.00 | \$883.00 |
| M - Family - Part Time | \$645.00 | \$0.00 | \$645.00 | \$1,290.00 | \$0.00 | \$1,290.00 |

COVA Care V/H/ED (BES – CC4)

Provider Code: 46/96

| <u>Employee Coverage Code</u> | <u>Semi-Monthly</u> | | | <u>Monthly</u> | | |
|-----------------------------------|---------------------|----------|----------|----------------|----------|------------|
| | Employee | Agency | Total | Employee | Agency | Total |
| S - Employee Only | \$32.00 | \$186.50 | \$218.50 | \$64.00 | \$373.00 | \$437.00 |
| D - Employee Plus One | \$73.00 | \$332.00 | \$405.00 | \$146.00 | \$664.00 | \$810.00 |
| F - Family | \$104.00 | \$487.00 | \$591.00 | \$208.00 | \$974.00 | \$1,182.00 |
| O - Employee Only - Part Time | \$239.00 | \$0.00 | \$239.00 | \$478.00 | \$0.00 | \$478.00 |
| T - Employee Plus One - Part Time | \$443.50 | \$0.00 | \$443.50 | \$887.00 | \$0.00 | \$887.00 |
| M - Family - Part Time | \$647.50 | \$0.00 | \$647.50 | \$1,295.00 | \$0.00 | \$1,295.00 |

COVA Care FULL (BES – CC5)

Provider Code: 47/97

| <u>Employee Coverage Code</u> | <u>Semi-Monthly</u> | | | <u>Monthly</u> | | |
|-----------------------------------|---------------------|----------|----------|----------------|----------|------------|
| | Employee | Agency | Total | Employee | Agency | Total |
| S - Employee Only | \$37.50 | \$186.50 | \$224.00 | \$75.00 | \$373.00 | \$448.00 |
| D - Employee Plus One | \$79.50 | \$332.00 | \$411.50 | \$159.00 | \$664.00 | \$823.00 |
| F - Family | \$113.00 | \$487.00 | \$600.00 | \$226.00 | \$974.00 | \$1,200.00 |
| O - Employee Only - Part Time | \$244.50 | \$0.00 | \$244.50 | \$489.00 | \$0.00 | \$489.00 |
| T - Employee Plus One - Part Time | \$450.00 | \$0.00 | \$450.00 | \$900.00 | \$0.00 | \$900.00 |
| M - Family - Part Time | \$656.50 | \$0.00 | \$656.50 | \$1,313.00 | \$0.00 | \$1,313.00 |

COVA Care High Deductible (BES – CHD)

Provider Code: 50/90

| <u>Employee Coverage Code</u> | <u>Semi-Monthly</u> | | | <u>Monthly</u> | | |
|-----------------------------------|---------------------|----------|----------|----------------|----------|----------|
| | Employee | Agency | Total | Employee | Agency | Total |
| S - Employee Only | \$0.00 | \$166.00 | \$166.00 | \$0.00 | \$332.00 | \$332.00 |
| D - Employee Plus One | \$0.00 | \$306.50 | \$306.50 | \$0.00 | \$613.00 | \$613.00 |
| F - Family | \$0.00 | \$448.50 | \$448.50 | \$0.00 | \$897.00 | \$897.00 |
| O - Employee Only - Part Time | \$182.50 | \$0.00 | \$182.50 | \$365.00 | \$0.00 | \$365.00 |
| T - Employee Plus One - Part Time | \$338.00 | \$0.00 | \$338.00 | \$676.00 | \$0.00 | \$676.00 |
| M - Family - Part Time | \$494.00 | \$0.00 | \$494.00 | \$988.00 | \$0.00 | \$988.00 |

KAISER PERMANENTE HMO (BES – KP)

Provider Code: 06/56

| <u>Employee Coverage Code</u> | <u>Semi-Monthly</u> | | | <u>Monthly</u> | | |
|-------------------------------|---------------------|----------|----------|----------------|----------|----------|
| | Employee | Agency | Total | Employee | Agency | Total |
| S - Employee Only | \$20.00 | \$182.00 | \$202.00 | \$40.00 | \$364.00 | \$404.00 |
| D - Employee Plus One | \$49.50 | \$323.00 | \$372.50 | \$99.00 | \$646.00 | \$745.00 |

| | | | | | | | |
|-----------------------------------|----------|----------|----------|--|------------|----------|------------|
| F - Family | \$70.00 | \$474.50 | \$544.50 | | \$140.00 | \$949.00 | \$1,089.00 |
| O - Employee Only - Part Time | \$222.50 | \$0.00 | \$222.50 | | \$445.00 | \$0.00 | \$445.00 |
| T - Employee Plus One - Part Time | \$411.00 | \$0.00 | \$411.00 | | \$822.00 | \$0.00 | \$822.00 |
| M - Family - Part Time | \$600.00 | \$0.00 | \$600.00 | | \$1,200.00 | \$0.00 | \$1,200.00 |

Leave Without Pay (LWOP)

Medical LWOP

For employees on LWOP due to medical leave, agency convenience, or layoffs, the employee is responsible for paying the employee share and the agency is responsible for paying the agency share of the healthcare premium. These employees will be identified as being on *Medical LWOP* on the following healthcare schedules.

Other LWOP

For employees on LWOP for other reasons (e.g., personal, education), the employee is responsible for the entire healthcare premium. These employees will be identified as being on *Non-Medical LWOP* on the following healthcare schedules.

Employees on Military LWOP should contact DHRM's Office of Health Benefits for guidance.

Continued Coverage

For employees on LWOP electing to continue healthcare coverage, the agency is responsible for entering the appropriate Employee Coverage Code (See pages 8 – 9) on the HMCU1 screen in CIPPS. The agency will then pay the entire healthcare premium every month, with the employee reimbursing the agency for the amount determined by the employee's LWOP type (e.g., Medical or Non-Medical), provider code, and employee coverage code.

LWOP Healthcare Tables

On the following LWOP healthcare schedules, the **Agency Payment** refers to the amount initially paid by the agency (i.e. the full premium due) either through payroll deduction or the automated healthcare reconciliation process. **Employee Cost** refers to the amount the LWOP employee will reimburse the agency every month.

COVA Care Basic (BES – CC0)

Provider Code: 42

| <u>Employee Coverage Code</u> | <u>Employee Cost (Monthly)</u> | | <u>Agency Payment - Med LWOP</u> | |
|------------------------------------|--------------------------------|------------------|----------------------------------|----------|
| | Medical LWOP | Non-Medical LWOP | Semi-Monthly | Monthly |
| SS - Employee Only | \$41.00 | \$414.00 | \$186.50 | \$373.00 |
| DD - Employee Plus One | \$101.00 | \$765.00 | \$332.00 | \$664.00 |
| FF - Family | \$144.00 | \$1,118.00 | \$487.00 | \$974.00 |
| OO - Employee Only - Part Time | \$455.00 | \$455.00 | \$0.00 | \$0.00 |
| TT - Employee Plus One - Part Time | \$842.00 | \$842.00 | \$0.00 | \$0.00 |
| MM - Family - Part Time | \$1,231.00 | \$1,231.00 | \$0.00 | \$0.00 |

COVA Care OON (BES – CC1)

Provider Code: 43

| <u>Employee Coverage Code</u> | <u>Employee Cost (Monthly)</u> | | <u>Agency Payment - Med LWOP</u> | |
|------------------------------------|--------------------------------|------------------|----------------------------------|----------|
| | Medical LWOP | Non-Medical LWOP | Semi-Monthly | Monthly |
| SS - Employee Only | \$52.00 | \$425.00 | \$186.50 | \$373.00 |
| DD - Employee Plus One | \$116.00 | \$780.00 | \$332.00 | \$664.00 |
| FF - Family | \$164.00 | \$1,138.00 | \$487.00 | \$974.00 |
| OO - Employee Only - Part Time | \$466.00 | \$466.00 | \$0.00 | \$0.00 |
| TT - Employee Plus One - Part Time | \$857.00 | \$857.00 | \$0.00 | \$0.00 |
| MM - Family - Part Time | \$1,251.00 | \$1,251.00 | \$0.00 | \$0.00 |

COVA Care ED (BES – CC2)

Provider Code: 44

| <u>Employee Coverage Code</u> | <u>Employee Cost (Monthly)</u> | | <u>Agency Payment - Med LWOP</u> | |
|------------------------------------|--------------------------------|------------------|----------------------------------|----------|
| | Medical LWOP | Non-Medical LWOP | Semi-Monthly | Monthly |
| SS - Employee Only | \$55.00 | \$428.00 | \$186.50 | \$373.00 |
| DD - Employee Plus One | \$128.00 | \$792.00 | \$332.00 | \$664.00 |
| FF - Family | \$184.00 | \$1,158.00 | \$487.00 | \$974.00 |
| OO - Employee Only - Part Time | \$469.00 | \$469.00 | \$0.00 | \$0.00 |
| TT - Employee Plus One - Part Time | \$869.00 | \$869.00 | \$0.00 | \$0.00 |
| MM - Family - Part Time | \$1,271.00 | \$1,271.00 | \$0.00 | \$0.00 |

COVA Care OON/ED (BES – CC3)

Provider Code: 45

| <u>Employee Coverage Code</u> | <u>Employee Cost (Monthly)</u> | | <u>Agency Payment - Med LWOP</u> | |
|------------------------------------|--------------------------------|------------------|----------------------------------|----------|
| | Medical LWOP | Non-Medical LWOP | Semi-Monthly | Monthly |
| SS - Employee Only | \$65.00 | \$438.00 | \$186.50 | \$373.00 |
| DD - Employee Plus One | \$142.00 | \$806.00 | \$332.00 | \$664.00 |
| FF - Family | \$203.00 | \$1,177.00 | \$487.00 | \$974.00 |
| OO - Employee Only - Part Time | \$479.00 | \$479.00 | \$0.00 | \$0.00 |
| TT - Employee Plus One - Part Time | \$883.00 | \$883.00 | \$0.00 | \$0.00 |
| MM - Family - Part Time | \$1,290.00 | \$1,290.00 | \$0.00 | \$0.00 |

COVA Care V/H/ED (BES – CC4)

Provider Code: 46

| <u>Employee Coverage Code</u> | <u>Employee Cost (Monthly)</u> | | <u>Agency Payment - Med LWOP</u> | |
|------------------------------------|--------------------------------|------------------|----------------------------------|----------|
| | Medical LWOP | Non-Medical LWOP | Semi-Monthly | Monthly |
| SS - Employee Only | \$64.00 | \$437.00 | \$186.50 | \$373.00 |
| DD - Employee Plus One | \$146.00 | \$810.00 | \$332.00 | \$664.00 |
| FF - Family | \$208.00 | \$1,182.00 | \$487.00 | \$974.00 |
| OO - Employee Only - Part Time | \$478.00 | \$478.00 | \$0.00 | \$0.00 |
| TT - Employee Plus One - Part Time | \$887.00 | \$887.00 | \$0.00 | \$0.00 |
| MM - Family - Part Time | \$1,295.00 | \$1,295.00 | \$0.00 | \$0.00 |

COVA Care Full (BES – CC5)

Provider Code: 47

| <u>Employee Coverage Code</u> | <u>Employee Cost (Monthly)</u> | | <u>Agency Payment - Med LWOP</u> | |
|------------------------------------|--------------------------------|------------------|----------------------------------|----------|
| | Medical LWOP | Non-Medical LWOP | Semi-Monthly | Monthly |
| SS - Employee Only | \$75.00 | \$448.00 | \$186.50 | \$373.00 |
| DD - Employee Plus One | \$159.00 | \$823.00 | \$332.00 | \$664.00 |
| FF - Family | \$226.00 | \$1,200.00 | \$487.00 | \$974.00 |
| OO - Employee Only - Part Time | \$489.00 | \$489.00 | \$0.00 | \$0.00 |
| TT - Employee Plus One - Part Time | \$900.00 | \$900.00 | \$0.00 | \$0.00 |
| MM - Family - Part Time | \$1,313.00 | \$1,313.00 | \$0.00 | \$0.00 |

COVA Care High Deductible (BES – CC5)

Provider Code: 50

| <u>Employee Coverage Code</u> | <u>Employee Cost (Monthly)</u> | | <u>Agency Payment - Med LWOP</u> | |
|------------------------------------|--------------------------------|------------------|----------------------------------|----------|
| | Medical LWOP | Non-Medical LWOP | Semi-Monthly | Monthly |
| SS - Employee Only | \$0.00 | \$332.00 | \$166.00 | \$332.00 |
| DD - Employee Plus One | \$0.00 | \$613.00 | \$306.50 | \$613.00 |
| FF - Family | \$0.00 | \$897.00 | \$448.50 | \$897.00 |
| OO - Employee Only - Part Time | \$365.00 | \$365.00 | \$0.00 | \$0.00 |
| TT - Employee Plus One - Part Time | \$676.00 | \$676.00 | \$0.00 | \$0.00 |
| MM - Family - Part Time | \$988.00 | \$988.00 | \$0.00 | \$0.00 |

KAISER PERMANENTE (BES – KP)

Provider Code: 06

| <u>Employee Coverage Code</u> | <u>Employee Cost (Monthly)</u> | | <u>Agency Payment - Med LWOP</u> | |
|------------------------------------|--------------------------------|------------------|----------------------------------|----------|
| | Medical LWOP | Non-Medical LWOP | Semi-Monthly | Monthly |
| SS - Employee Only | \$40.00 | \$404.00 | \$182.00 | \$364.00 |
| DD - Employee Plus One | \$99.00 | \$745.00 | \$323.00 | \$646.00 |
| FF - Family | \$140.00 | \$1,089.00 | \$474.50 | \$949.00 |
| OO - Employee Only - Part Time | \$445.00 | \$445.00 | \$0.00 | \$0.00 |
| TT - Employee Plus One - Part Time | \$822.00 | \$822.00 | \$0.00 | \$0.00 |
| MM - Family - Part Time | \$1,200.00 | \$1,200.00 | \$0.00 | \$0.00 |

June 2008

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--|--|--|--|---|---|--|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 9AM - CIPPS files open - no edits or payruns |
| 8 9AM - CIPPS files open - no edits or payruns | 9 | 10 Semimonthly salaried certification deadline period #1- (5/25-6/09) | 11 | 12 | 13 Leave keying deadline Post leave accruals (5/25-6/09) | 14 9AM - CIPPS files open - no edits or payruns |
| 15 9AM - CIPPS files open - no edits or payruns | 16 Payday for semimonthly salaried employees May Healthcare Cert Due CHARGE FY 2008 | 17 CHARGE FY 2008 | 18 CHARGE FY 2008 | 19 Last day to certify wage/special for FY 08. CHARGE FY 2008 | 20 <u>Starting this day CHARGE FY 2009</u> | 21 9AM - CIPPS files open - no edits or payruns |
| 22 9AM - CIPPS files open - no edits or payruns | 23 | 24 | 25 Semimonthly salaried certification deadline period #2- (6/10-6/24) | 26 | 27 | 28 9AM - CIPPS files open - no edits or payruns |
| 29 9AM - CIPPS files open - no edits or payruns | 30 Files Close at 2pm Leave keying deadline Post leave accruals (6/10-6/24) Fiscal Year End Leave Processing (Leave Liability) | | | | | |