

# Department of Accounts Payroll Bulletin

Calendar Year 2009

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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](mailto: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 2009, Fiscal Year 2010 benefit rates (including healthcare rate tables), and the June 2009 payroll operations calendar. Calendars for the remainder of 2009 will be distributed later. **Please provide a copy of this bulletin to all appropriate personnel within your agency.**

### Key Payroll Operations Dates for June 2009

- **June 10** – Semi-monthly salary certification deadline for **PPE 6/9**.
- **June 15** - Healthcare reconciliations and related IATs due to DOA for the May coverage month. Leave keying deadline.
- **June 19** – Last day to certify wage/special payrolls charged to **FY 09**. You must use a June check date, no July check dates will be allowed.
- **June 22** – First day to certify Semi-monthly salary for PPE 6/24, Payday **July 1**. **All payrolls certified on or after June 22 will be charged to FY 10 and must have July check dates.**
- **June 25** - Semi-monthly salary certification deadline for **PPE 6/24**. **Will be charged to FY 10.**
- **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, 2009 payday) will be charged to FY 2010 without exception.** CARS postings for this payday will be controlled by DOA. To execute this requirement all payrolls certified on June 22, 2009 or later will be charged to FY 2010.

**Non-salaried and special pays certified between June 11 and June 19 will be charged to FY 2009. These payruns are for non-salaried (e.g., hourly) and special payrolls only. Salaried payroll certifications for the period ending June 24<sup>th</sup> will not be permitted on these dates.**

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## PAYROLL PROCESSING - FISCAL YEAR-END 2009, 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
<b>Retirement-</b>		
State employees	11.26%	1111
State Police	25.05%	1111
Judicial	39.51%	1111
VaLORS	19.23%	1111
<b>Group Insurance</b>	0.79%	1114
<b>Retiree Health Insurance Credit</b>	1.00%	1116
<b>Long-Term Disability</b>	1.00%	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, 2009.

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 the individuals authorized to approve payroll expenditures on the 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. Also keep in mind that updates to Payline Masking access may be necessary.

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## PAYROLL PROCESSING - FISCAL YEAR-END 2009, 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 and administrative fees from data provided through BES.** No data entry will be required by agency personnel for flexible benefit deductions, unless an employee is listed on the REPORT U130, **BES/CIPPS TRANSACTION ERROR LISTING**. Please review all transactions for accuracy.

### Flexible Benefit Admin Fee Reinstated

Effective with the 2010 plan year (July 1, 2009 to June 30, 2010), the flexible spending account administrative fee (Deduction 023) will be reinstated. This is an employee-paid, pre-tax fee which will be withheld the first pay period of each month. The fee will be \$3.67 per month for employees paid over 12 months (see fee schedule below).

The daily BES to CIPPS update programs will be enhanced to establish the administrative fee based on the Number of Pays on H0BUO (e.g. 12 or 24 = 12 months, etc.).

Number of Pays	12/24	11/22	10/20	9/18
Fee Amount (Ded 023)	\$3.67	\$4.00	\$4.40	\$4.90
YTD Amount (Goal)	\$44.00	\$44.00	\$44.00	\$44.00

The deduction goal will be set to decrement (a value of "1" in the eighth position in the utility field) with a deduction end date of 06/24/2010.

## PAYROLL PROCESSING - FISCAL YEAR-END 2009, continued

### Healthcare Premium Schedules

On July 1, 2009, the new healthcare premiums specified in DHRM's *Spotlight* Spring 2009 Open Enrollment Issue will take effect. All codes and rates for CIPPS processing are provided on the following pages.

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.

Provider	Active Provider Code	Involuntary Separation Provider Code	Project Code
COVA Care Basic (Includes basic dental)	42	92	93002
COVA Care Out-of-Network	43	93	93002
COVA Care Expanded Dental	44	94	93002
COVA Care Out-of-Network and Expanded Dental	45	95	93002
COVA Care Vision, Hearing and Expanded Dental	46	96	93002
COVA Care Out-of-Network and Vision, Hearing and Expanded Dental	47	97	93002
COVA HDHP (High Deductible Health Plan)	50	90	93005
Kaiser Permanente HMO (Available in Northern Virginia Only)	06	56	93003
COVA Connect Basic (Includes basic dental)	142	192	93012
COVA Connect Out-of-Network	143	193	93012
COVA Connect Expanded Dental	144	194	93012
COVA Connect Out-of-Network and Expanded Dental	145	195	93012
COVA Connect Vision, Hearing and Expanded Dental	146	196	93012
COVA Connect Out-of-Network and Vision, Hearing and Expanded Dental	147	197	93012

DOA will enter premium changes into CIPPS to become effective with the 6/25-7/9 pay period (July 16, 2009 payday) on June 30, 2009. 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](mailto:denise.halderman@doa.virginia.gov) or (804) 371-8912.

### Health Care Subsidy

For the second year, reserves from the health benefits program will absorb increases in employee and employer monthly premium costs. Part-time employees pay the full amount of the premium. More information can be found at:

<http://www.dhrm.virginia.gov>

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**COVA Care/Connect Basic**

Provider Code: 42/92/142/192

<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	\$242.50	\$0.00	\$242.50	\$485.00	\$0.00	\$485.00
T - Employee Plus One - Part Time	\$449.00	\$0.00	\$449.00	\$898.00	\$0.00	\$898.00
M - Family - Part Time	\$656.50	\$0.00	\$656.50	\$1,313.00	\$0.00	\$1,313.00

**COVA Care/Connect Out of Network**

Provider Code: 43/93/143/193

<u>Employee Coverage Code</u>	<u>Semi-Monthly</u>			<u>Monthly</u>		
	Employee	Agency	Total	Employee	Agency	Total
S - Employee Only	\$26.50	\$186.50	\$213.00	\$53.00	\$373.00	\$426.00
D - Employee Plus One	\$58.50	\$332.00	\$390.50	\$117.00	\$664.00	\$781.00
F - Family	\$82.50	\$487.00	\$569.50	\$165.00	\$974.00	\$1,139.00
O - Employee Only - Part Time	\$248.50	\$0.00	\$248.50	\$497.00	\$0.00	\$497.00
T - Employee Plus One - Part Time	\$457.00	\$0.00	\$457.00	\$914.00	\$0.00	\$914.00
M - Family - Part Time	\$667.00	\$0.00	\$667.00	\$1,334.00	\$0.00	\$1,334.00

**COVA Care/Connect Expanded Dental**

Provider Code: 44/94/144/194

<u>Employee Coverage Code</u>	<u>Semi-Monthly</u>			<u>Monthly</u>		
	Employee	Agency	Total	Employee	Agency	Total
S - Employee Only	\$28.00	\$186.50	\$214.50	\$56.00	\$373.00	\$429.00
D - Employee Plus One	\$65.00	\$332.00	\$397.00	\$130.00	\$664.00	\$794.00
F - Family	\$93.50	\$487.00	\$580.50	\$187.00	\$974.00	\$1,161.00
O - Employee Only - Part Time	\$250.00	\$0.00	\$250.00	\$500.00	\$0.00	\$500.00
T - Employee Plus One - Part Time	\$463.50	\$0.00	\$463.50	\$927.00	\$0.00	\$927.00
M - Family - Part Time	\$678.00	\$0.00	\$678.00	\$1,356.00	\$0.00	\$1,356.00

**COVA Care/Connect Out of Network/Expanded Dental**

Provider Code: 45/95/145/195

<u>Employee Coverage Code</u>	<u>Semi-Monthly</u>			<u>Monthly</u>		
	Employee	Agency	Total	Employee	Agency	Total
S - Employee Only	\$33.50	\$186.50	\$220.00	\$67.00	\$373.00	\$440.00
D - Employee Plus One	\$72.50	\$332.00	\$404.50	\$145.00	\$664.00	\$809.00
F - Family	\$103.50	\$487.00	\$590.50	\$207.00	\$974.00	\$1,181.00

<u>Employee Coverage Code</u>	<u>Semi-Monthly</u>			<u>Monthly</u>		
O - Employee Only - Part Time	\$255.50	\$0.00	\$255.50	\$511.00	\$0.00	\$511.00
T - Employee Plus One - Part Time	\$471.00	\$0.00	\$471.00	\$942.00	\$0.00	\$942.00
M - Family - Part Time	\$688.00	\$0.00	\$688.00	\$1,376.00	\$0.00	\$1,376.00

**COVA Care/Connect Vision/Hearing/Expanded Dental**

Provider Code: 46/96/146/196

<u>Employee Coverage Code</u>	<u>Semi-Monthly</u>			<u>Monthly</u>		
	<u>Employee</u>	<u>Agency</u>	<u>Total</u>	<u>Employee</u>	<u>Agency</u>	<u>Total</u>
S - Employee Only	\$33.00	\$186.50	\$219.50	\$66.00	\$373.00	\$439.00
D - Employee Plus One	\$74.50	\$332.00	\$406.50	\$149.00	\$664.00	\$813.00
F - Family	\$106.00	\$487.00	\$593.00	\$212.00	\$974.00	\$1,186.00
O - Employee Only - Part Time	\$255.00	\$0.00	\$255.00	\$510.00	\$0.00	\$510.00
T - Employee Plus One - Part Time	\$473.00	\$0.00	\$473.00	\$946.00	\$0.00	\$946.00
M - Family - Part Time	\$690.50	\$0.00	\$690.50	\$1,381.00	\$0.00	\$1,381.00

**COVA Care/Connect FULL**

Provider Code: 47/97/147/197

<u>Employee Coverage Code</u>	<u>Semi-Monthly</u>			<u>Monthly</u>		
	<u>Employee</u>	<u>Agency</u>	<u>Total</u>	<u>Employee</u>	<u>Agency</u>	<u>Total</u>
S - Employee Only	\$38.50	\$186.50	\$225.00	\$77.00	\$373.00	\$450.00
D - Employee Plus One	\$81.50	\$332.00	\$413.50	\$163.00	\$664.00	\$827.00
F - Family	\$115.50	\$487.00	\$602.50	\$231.00	\$974.00	\$1,205.00
O - Employee Only - Part Time	\$260.50	\$0.00	\$260.50	\$521.00	\$0.00	\$521.00
T - Employee Plus One - Part Time	\$480.00	\$0.00	\$480.00	\$960.00	\$0.00	\$960.00
M - Family - Part Time	\$700.00	\$0.00	\$700.00	\$1,400.00	\$0.00	\$1,400.00

**COVA Care High Deductible**

Provider Code: 50/90

<u>Employee Coverage Code</u>	<u>Semi-Monthly</u>			<u>Monthly</u>		
	<u>Employee</u>	<u>Agency</u>	<u>Total</u>	<u>Employee</u>	<u>Agency</u>	<u>Total</u>
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	\$194.50	\$0.00	\$194.50	\$389.00	\$0.00	\$389.00
T - Employee Plus One - Part Time	\$360.50	\$0.00	\$360.50	\$721.00	\$0.00	\$721.00
M - Family - Part Time	\$527.00	\$0.00	\$527.00	\$1,054.00	\$0.00	\$1,054.00

**KAISER PERMANENTE HMO**

Provider Code: 06/56

<u>Employee Coverage Code</u>	<u>Semi-Monthly</u>			<u>Monthly</u>		
	<b>Employee</b>	<b>Agency</b>	<b>Total</b>	<b>Employee</b>	<b>Agency</b>	<b>Total</b>
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	\$239.00	\$0.00	\$239.00	\$478.00	\$0.00	\$478.00
T - Employee Plus One - Part Time	\$441.00	\$0.00	\$441.00	\$882.00	\$0.00	\$882.00
M - Family - Part Time	\$643.50	\$0.00	\$643.50	\$1,287.00	\$0.00	\$1,287.00

## Leave Without Pay (LWOP)

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**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.

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**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.

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**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.

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**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/Connect Basic**

Provider Code: 42/92/142/192

<u>Employee Coverage Code</u>	<u>Employee Cost (Monthly)</u>		<u>Agency Payment - Med LWOP</u>	
	<u>Medical LWOP/ Inv Sep (No Pay)</u>	<u>Non-Medical LWOP</u>	<u>Semi-Monthly</u>	<u>Monthly</u>
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	\$485.00	\$485.00	\$0.00	\$0.00
TT - Employee Plus One - Part Time	\$898.00	\$898.00	\$0.00	\$0.00
MM - Family - Part Time	\$1,313.00	\$1,313.00	\$0.00	\$0.00

**COVA Care/Connect Out of Network**

Provider Code: 43/93/143/193

<u>Employee Coverage Code</u>	<u>Employee Cost (Monthly)</u>		<u>Agency Payment - Med LWOP</u>	
	<u>Medical LWOP/ Inv Sep (No Pay)</u>	<u>Non-Medical LWOP</u>	<u>Semi-Monthly</u>	<u>Monthly</u>
SS - Employee Only	\$53.00	\$426.00	\$186.50	\$373.00
DD - Employee Plus One	\$117.00	\$781.00	\$332.00	\$664.00
FF - Family	\$165.00	\$1,139.00	\$487.00	\$974.00
OO - Employee Only - Part Time	\$497.00	\$497.00	\$0.00	\$0.00
TT - Employee Plus One - Part Time	\$914.00	\$914.00	\$0.00	\$0.00
MM - Family - Part Time	\$1,334.00	\$1,334.00	\$0.00	\$0.00

**COVA Care/Connect Expanded Dental**

Provider Code: 44/94/144/194

<u>Employee Coverage Code</u>	<u>Employee Cost (Monthly)</u>		<u>Agency Payment - Med LWOP</u>	
	<u>Medical LWOP/ Inv Sep (No Pay)</u>	<u>Non-Medical LWOP</u>	<u>Semi-Monthly</u>	<u>Monthly</u>
SS - Employee Only	\$56.00	\$429.00	\$186.50	\$373.00
DD - Employee Plus One	\$130.00	\$794.00	\$332.00	\$664.00
FF - Family	\$187.00	\$1,161.00	\$487.00	\$974.00
OO - Employee Only - Part Time	\$500.00	\$500.00	\$0.00	\$0.00
TT - Employee Plus One - Part Time	\$927.00	\$927.00	\$0.00	\$0.00
MM - Family - Part Time	\$1,356.00	\$1,356.00	\$0.00	\$0.00

**COVA Care/Connect Out of Network/Expanded**

Provider Code: 45/95/145/195

<u>Employee Coverage Code</u>	<u>Employee Cost (Monthly)</u>		<u>Agency Payment - Med LWOP</u>	
	<u>Medical LWOP/ Inv Sep (No Pay)</u>	<u>Non-Medical LWOP</u>	<u>Semi-Monthly</u>	<u>Monthly</u>
SS - Employee Only	\$67.00	\$440.00	\$186.50	\$373.00
DD - Employee Plus One	\$145.00	\$809.00	\$332.00	\$664.00
FF - Family	\$207.00	\$1,181.00	\$487.00	\$974.00
OO - Employee Only - Part Time	\$511.00	\$511.00	\$0.00	\$0.00
TT - Employee Plus One - Part Time	\$942.00	\$942.00	\$0.00	\$0.00
MM - Family - Part Time	\$1,376.00	\$1,376.00	\$0.00	\$0.00

**COVA Care/Connect Vision/Hearing/Expanded Dental**

Provider Code: 46/96/146/196

<u>Employee Coverage Code</u>	<u>Employee Cost (Monthly)</u>		<u>Agency Payment - Med LWOP</u>	
	Medical LWOP/ Inv Sep (No Pay)	Non-Medical LWOP	Semi-Monthly	Monthly
SS - Employee Only	\$66.00	\$439.00	\$186.50	\$373.00
DD - Employee Plus One	\$149.00	\$813.00	\$332.00	\$664.00
FF - Family	\$212.00	\$1,186.00	\$487.00	\$974.00
OO - Employee Only - Part Time	\$510.00	\$510.00	\$0.00	\$0.00
TT - Employee Plus One - Part Time	\$946.00	\$946.00	\$0.00	\$0.00
MM - Family - Part Time	\$1,381.00	\$1,381.00	\$0.00	\$0.00

**COVA Care/Connect Full**

Provider Code: 47/97/147/197

<u>Employee Coverage Code</u>	<u>Employee Cost (Monthly)</u>		<u>Agency Payment - Med LWOP</u>	
	Medical LWOP/ Inv Sep (No Pay)	Non-Medical LWOP	Semi-Monthly	Monthly
SS - Employee Only	\$77.00	\$450.00	\$186.50	\$373.00
DD - Employee Plus One	\$163.00	\$827.00	\$332.00	\$664.00
FF - Family	\$231.00	\$1,205.00	\$487.00	\$974.00
OO - Employee Only - Part Time	\$521.00	\$521.00	\$0.00	\$0.00
TT - Employee Plus One - Part Time	\$960.00	\$960.00	\$0.00	\$0.00
MM - Family - Part Time	\$1,400.00	\$1,400.00	\$0.00	\$0.00

**COVA Care High Deductible**

Provider Code: 50/90

<u>Employee Coverage Code</u>	<u>Employee Cost (Monthly)</u>		<u>Agency Payment - Med LWOP</u>	
	Medical LWOP/ Inv Sep (No Pay)	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	\$389.00	\$389.00	\$0.00	\$0.00
TT - Employee Plus One - Part Time	\$721.00	\$721.00	\$0.00	\$0.00
MM - Family - Part Time	\$1,054.00	\$1,054.00	\$0.00	\$0.00

**KAISER PERMANENTE**

Provider Code: 06/56

<u>Employee Coverage Code</u>	<u>Employee Cost (Monthly)</u>		<u>Agency Payment - Med LWOP</u>	
	Medical LWOP/ Inv Sep (No Pay)	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	\$478.00	\$478.00	\$0.00	\$0.00
TT - Employee Plus One - Part Time	\$882.00	\$882.00	\$0.00	\$0.00
MM - Family - Part Time	\$1,287.00	\$1,287.00	\$0.00	\$0.00

## June 2009

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	<b>1</b> Deferred Comp Transaction Upload	<b>2</b>	<b>3</b>	<b>4</b> Deferred Comp Transaction Upload	<b>5</b>	<b>6</b> 9AM - CIPPS files open - no edits or payruns
<b>7</b> 9AM - CIPPS files open - no edits or payruns	<b>8</b>	<b>9</b>	<b>10</b> Semimonthly salaried certification deadline period #1- (5/25-6/09)	<b>11</b>	<b>12</b>	<b>13</b> 9AM - CIPPS files open - no edits or payruns
<b>14</b> 9AM - CIPPS files open - no edits or payruns	<b>15</b> Leave keying deadline Post leave accruals (5/25-6/09)  May Healthcare Cert Due  <b>CHARGE FY 2009</b>	<b>16</b> Payday for semimonthly salaried employees  <b>CHARGE FY 2009</b>	<b>17</b>  <b>CHARGE FY 2009</b>	<b>18</b> Deferred Comp Transaction Upload  <b>CHARGE FY 2009</b>	<b>19</b> Last day to certify wage/special for FY 09.  <b>CHARGE FY 2009</b>	<b>20</b> 9AM - CIPPS files open - no edits or payruns
<b>21</b> 9AM - CIPPS files open - no edits or payruns	<b>22</b>   <u>Starting this day</u> <b>CHARGE FY 2010</b>	<b>23</b> Deferred Comp Transaction Upload	<b>24</b>	<b>25</b> Semimonthly salaried certification deadline period #2- (6/10-6/24)	<b>26</b>	<b>27</b> 9AM - CIPPS files open - no edits or payruns
<b>28</b> 9AM - CIPPS files open - no edits or payruns	<b>29</b>	<b>30</b> Files Close at 2pm  Leave keying deadline Post leave accruals (6/10-6/24) <b>Fiscal Year End</b> <b>Leave Processing</b> <b>(Leave Liability)</b>				