

Department of Accounts

Payroll Bulletin

Calendar Year 2010

May 3, 2010

Volume 2010-09R

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the Payroll
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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

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 2010, Fiscal Year 2011 benefit rates (including healthcare rate tables), and the June 2010 payroll operations calendar. Calendars for the remainder of 2010 will be distributed later. **Please provide a copy of this bulletin to all appropriate personnel within your agency.**

Key Payroll Operations Dates for June 2010

- **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 18** – Last day to certify wage/special payrolls charged to **FY 10**. **You must use a June check date, no July check dates will be allowed.**
- **June 21** – First day to certify Semi-monthly salary for PPE 6/24, Payday **July 1**. **All payrolls certified on or after June 21 will be charged to FY 11 and must have July check dates.**
- **June 25** - Semi-monthly salary certification deadline for **PPE 6/24**. **Will be charged to FY 11.**
- **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, 2010 payday) will be charged to FY 2011 without exception. CARS postings for this payday will be controlled by DOA. To execute this requirement all payrolls certified on June 21, 2010 or later will be charged to FY 2011.

Non-salaried and special pays certified between June 11 and June 18 will be charged to FY 2010. 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.

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PAYROLL PROCESSING - FISCAL YEAR-END 2010, continued**June VRS Rates**

A decision has been made to continue calculating VRS-administered benefits at the full rates each half of June in lieu of the "averaging" referenced in Payroll Bulletin 2010-07.

	Calculate & Report to VRS	Actual Amount Charged Agency and Sent to VRS – Charges Delayed until FM 01 of FY 11	
		(5/25 - 6/9)	(6/10 - 6/25)
		Regular Retirement	11.26%
SPORS	25.05%	5.00%	25.05%
VALORS	19.23%	5.00%	19.23%
JRS	39.51%	5.00%	39.51%
Group Insurance	0.79%	0.00%	0.00%
Health Insurance Credit	1.00%	0.00%	1.00%
VSDP	1.00%	0.00%	1.00%

FY 11 VRS Retirement Rates

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.**

Employer-Paid Benefit Name

	Deduction # - Object Code				Total Charged Agency
	116 - 1111	127 - 1165	Amt Reported to VRS*	117 - 1111	
Retirement - Plan 1					
State Employees	2.13%	5.00%	7.13%	4.45%	11.58%
State Police	7.76%	5.00%	12.76%	13.40%	26.16%
Judicial	28.81%	5.00%	33.81%	13.77%	47.58%
VaLORS	5.12%	5.00%	10.12%	7.97%	18.09%
Retirement - Plan 2					
State Employees	2.13%	N/A*	7.13%	4.45%	6.58%
State Police	7.76%	N/A*	12.76%	13.40%	21.16%
Judicial	28.81%	N/A*	33.81%	13.77%	42.58%
VaLORS	5.12%	N/A*	10.12%	7.97%	13.09%
Group Life Insurance	120 - 1114		Amt Reported to VRS	102 - 1114	Total Charged Agency
	0.28%		0.28%	0.74%	1.02%
Retiree Health Insurance Credit	115 - 1116			105 - 1116	
	0.10%		0.10%	0.89%	0.99%
VSDP	136/144 - 1117			106/104 - 1117	
	0.00%		0.00%	0.66%	0.66%

* 5% **employee-paid** portion for Plan 2 participants will be reported and transferred to VRS in the same manner as the employer-paid portion for Plan 1 participants.

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PAYROLL PROCESSING - FISCAL YEAR-END 2010, 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.

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, 2010.

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 and CIPPS FINDS access may be necessary.

Deferred Comp and Annuity Cash Match The maximum amount of cash match that may be made for eligible employees has been reduced from \$20 per pay period to \$10 per pay period effective July 1, 2010. DOA will systematically change the amounts in CIPPS to reflect the reduced match to ensure that the cash match does not exceed the maximum per pay period as shown in the table below or 50% of the deferred comp or annuity deduction, whichever is less. Based on the number of pay periods, new maximum deduction amounts are as follows:

Max. Match		Max. Match	
<u>No Pays</u>	<u>Amt</u>	<u>No Pays</u>	<u>Amt</u>
9	\$26.67	18	\$13.34
10	\$24.00	20	\$12.00
11	\$21.82	22	\$10.91
12	\$20.00	24	\$10.00

The goal amount will also be changed to incorporate the reduced contributions. The new goal amount will be \$387. This amount was derived taking into account all potential contribution/match amounts during 2010 for those individuals on other than a 12 or 24 pay schedule.

Please note that the new cash match rates are effective for the June 10 – June 25th pay period – July 1, 2010 check date. The rate changes will be made in CIPPS on or about the 16th of June.

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PAYROLL PROCESSING - FISCAL YEAR-END 2010, continued

Flexible Benefits

Mass transactions to deactivate the flexible benefit deductions (Deduction 021, Dependent Care and Deduction 022, 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

The flexible spending account administrative fee (Deduction 023) remains the same for Plan Year 2011 (July 1, 2010 – June 30, 2011). This is an employee-paid, pre-tax fee withheld the first pay period of each month. The fee is \$3.67 per month for employees paid over 12 months (see fee schedule below).

Number of Pays	12/24	11/22	10/20	9/18
Fee Amount (Ded 023)	\$3.67	\$4.01	\$4.41	\$4.90
YTD Amount (Goal)	\$44.04	\$44.04	\$44.04	\$44.04

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 06/30/2011.

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PAYROLL PROCESSING - FISCAL YEAR-END 2010, continued

Healthcare Premium Schedules

On July 1, 2010, the new healthcare premiums specified in DHRM's *Spotlight* Spring 2010 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, 2010 payday) on June 30, 2010. 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.

Reserves from the health benefits program will again be used to absorb some of the increase 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	\$21.50	\$191.50	\$213.00	\$43.00	\$383.00	\$426.00
D - Employee Plus One	\$51.00	\$343.00	\$394.00	\$102.00	\$686.00	\$788.00
F - Family	\$75.00	\$501.00	\$576.00	\$150.00	\$1,002.00	\$1,152.00
O - Employee Only - Part Time	\$250.00	\$0.00	\$250.00	\$500.00	\$0.00	\$500.00
T - Employee Plus One - Part Time	\$462.50	\$0.00	\$462.50	\$925.00	\$0.00	\$925.00
M - Family - Part Time	\$676.00	\$0.00	\$676.00	\$1,352.00	\$0.00	\$1,352.00

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	\$27.50	\$191.50	\$219.00	\$55.00	\$383.00	\$438.00
D - Employee Plus One	\$59.00	\$343.00	\$402.00	\$118.00	\$686.00	\$804.00
F - Family	\$86.00	\$501.00	\$587.00	\$172.00	\$1,002.00	\$1,174.00
O - Employee Only - Part Time	\$256.00	\$0.00	\$256.00	\$512.00	\$0.00	\$512.00
T - Employee Plus One - Part Time	\$470.50	\$0.00	\$470.50	\$941.00	\$0.00	\$941.00
M - Family - Part Time	\$687.00	\$0.00	\$687.00	\$1,374.00	\$0.00	\$1,374.00

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	\$29.00	\$191.50	\$220.50	\$58.00	\$383.00	\$441.00
D - Employee Plus One	\$66.00	\$343.00	\$409.00	\$132.00	\$686.00	\$818.00
F - Family	\$97.00	\$501.00	\$598.00	\$194.00	\$1,002.00	\$1,196.00
O - Employee Only - Part Time	\$257.50	\$0.00	\$257.50	\$515.00	\$0.00	\$515.00
T - Employee Plus One - Part Time	\$477.50	\$0.00	\$477.50	\$955.00	\$0.00	\$955.00
M - Family - Part Time	\$698.00	\$0.00	\$698.00	\$1,396.00	\$0.00	\$1,396.00

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	\$35.00	\$191.50	\$226.50	\$70.00	\$383.00	\$453.00
D - Employee Plus One	\$73.50	\$343.00	\$416.50	\$147.00	\$686.00	\$833.00
F - Family	\$107.50	\$501.00	\$608.50	\$215.00	\$1,002.00	\$1,217.00
O - Employee Only - Part Time	\$263.50	\$0.00	\$263.50	\$527.00	\$0.00	\$527.00
T - Employee Plus One - Part Time	\$485.00	\$0.00	\$485.00	\$970.00	\$0.00	\$970.00
M - Family - Part Time	\$708.50	\$0.00	\$708.50	\$1,417.00	\$0.00	\$1,417.00

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>		
	Employee	Agency	Total	Employee	Agency	Total
S - Employee Only	\$34.50	\$191.50	\$226.00	\$69.00	\$383.00	\$452.00
D - Employee Plus One	\$75.50	\$343.00	\$418.50	\$151.00	\$686.00	\$837.00
F - Family	\$110.00	\$501.00	\$611.00	\$220.00	\$1,002.00	\$1,222.00
O - Employee Only - Part Time	\$263.00	\$0.00	\$263.00	\$526.00	\$0.00	\$526.00
T - Employee Plus One - Part Time	\$487.00	\$0.00	\$487.00	\$974.00	\$0.00	\$974.00
M - Family - Part Time	\$711.00	\$0.00	\$711.00	\$1,422.00	\$0.00	\$1,422.00

COVA Care/Connect FULL

Provider Code: 47/97/147/197

<u>Employee Coverage Code</u>	<u>Semi-Monthly</u>			<u>Monthly</u>		
	Employee	Agency	Total	Employee	Agency	Total
S - Employee Only	\$40.00	\$191.50	\$231.50	\$80.00	\$383.00	\$463.00
D - Employee Plus One	\$83.00	\$343.00	\$426.00	\$166.00	\$686.00	\$852.00
F - Family	\$120.00	\$501.00	\$621.00	\$240.00	\$1,002.00	\$1,242.00
O - Employee Only - Part Time	\$268.50	\$0.00	\$268.50	\$537.00	\$0.00	\$537.00
T - Employee Plus One - Part Time	\$494.50	\$0.00	\$494.50	\$989.00	\$0.00	\$989.00
M - Family - Part Time	\$721.00	\$0.00	\$721.00	\$1,442.00	\$0.00	\$1,442.00

COVA Care High Deductible

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	\$171.00	\$171.00	\$0.00	\$342.00	\$342.00
D - Employee Plus One	\$0.00	\$315.50	\$315.50	\$0.00	\$631.00	\$631.00
F - Family	\$0.00	\$462.00	\$462.00	\$0.00	\$924.00	\$924.00
O - Employee Only - Part Time	\$200.50	\$0.00	\$200.50	\$401.00	\$0.00	\$401.00
T - Employee Plus One - Part Time	\$371.50	\$0.00	\$371.50	\$743.00	\$0.00	\$743.00
M - Family - Part Time	\$543.00	\$0.00	\$543.00	\$1,086.00	\$0.00	\$1,086.00

KAISER PERMANENTE HMO

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	\$21.00	\$187.00	\$208.00	\$42.00	\$374.00	\$416.00
D - Employee Plus One	\$50.00	\$333.50	\$383.50	\$100.00	\$667.00	\$767.00
F - Family	\$73.00	\$488.00	\$561.00	\$146.00	\$976.00	\$1,122.00
O - Employee Only - Part Time	\$259.00	\$0.00	\$259.00	\$518.00	\$0.00	\$518.00
T - Employee Plus One - Part Time	\$477.50	\$0.00	\$477.50	\$955.00	\$0.00	\$955.00
M - Family - Part Time	\$696.50	\$0.00	\$696.50	\$1,393.00	\$0.00	\$1,393.00

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/Connect Basic

Provider Code: 42/92/142/192

<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	\$43.00	\$426.00	\$191.50	\$383.00
DD - Employee Plus One	\$102.00	\$788.00	\$343.00	\$686.00
FF - Family	\$150.00	\$1,152.00	\$501.00	\$1,002.00
OO - Employee Only - Part Time	\$500.00	\$500.00	\$0.00	\$0.00
TT - Employee Plus One - Part Time	\$925.00	\$925.00	\$0.00	\$0.00
MM - Family - Part Time	\$1,352.00	\$1,352.00	\$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>	
	Medical LWOP/ Inv Sep (No Pay)	Non-Medical LWOP	Semi-Monthly	Monthly
SS - Employee Only	\$55.00	\$438.00	\$191.50	\$383.00
DD - Employee Plus One	\$118.00	\$804.00	\$343.00	\$686.00
FF - Family	\$172.00	\$1,174.00	\$501.00	\$1,002.00
OO - Employee Only - Part Time	\$512.00	\$512.00	\$0.00	\$0.00
TT - Employee Plus One - Part Time	\$941.00	\$941.00	\$0.00	\$0.00
MM - Family - Part Time	\$1,374.00	\$1,374.00	\$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>	
	Medical LWOP/ Inv Sep (No Pay)	Non-Medical LWOP	Semi-Monthly	Monthly
SS - Employee Only	\$58.00	\$441.00	\$191.50	\$383.00
DD - Employee Plus One	\$132.00	\$818.00	\$343.00	\$686.00
FF - Family	\$194.00	\$1,196.00	\$501.00	\$1,002.00
OO - Employee Only - Part Time	\$515.00	\$515.00	\$0.00	\$0.00
TT - Employee Plus One - Part Time	\$955.00	\$955.00	\$0.00	\$0.00
MM - Family - Part Time	\$1,396.00	\$1,396.00	\$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>	
	Medical LWOP/ Inv Sep (No Pay)	Non-Medical LWOP	Semi-Monthly	Monthly
SS - Employee Only	\$70.00	\$453.00	\$191.50	\$383.00
DD - Employee Plus One	\$147.00	\$833.00	\$343.00	\$686.00
FF - Family	\$215.00	\$1,217.00	\$501.00	\$1,002.00
OO - Employee Only - Part Time	\$527.00	\$527.00	\$0.00	\$0.00
TT - Employee Plus One - Part Time	\$970.00	\$970.00	\$0.00	\$0.00
MM - Family - Part Time	\$1,417.00	\$1,417.00	\$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	\$69.00	\$452.00	\$191.50	\$383.00
DD - Employee Plus One	\$151.00	\$837.00	\$343.00	\$686.00
FF - Family	\$220.00	\$1,222.00	\$501.00	\$1,002.00
OO - Employee Only - Part Time	\$526.00	\$526.00	\$0.00	\$0.00
TT - Employee Plus One - Part Time	\$974.00	\$974.00	\$0.00	\$0.00
MM - Family - Part Time	\$1,422.00	\$1,422.00	\$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	\$80.00	\$463.00	\$191.50	\$383.00
DD - Employee Plus One	\$166.00	\$852.00	\$343.00	\$686.00
FF - Family	\$240.00	\$1,242.00	\$501.00	\$1,002.00
OO - Employee Only - Part Time	\$537.00	\$537.00	\$0.00	\$0.00
TT - Employee Plus One - Part Time	\$989.00	\$989.00	\$0.00	\$0.00
MM - Family - Part Time	\$1,442.00	\$1,442.00	\$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	\$342.00	\$171.00	\$342.00
DD - Employee Plus One	\$0.00	\$631.00	\$315.50	\$631.00
FF - Family	\$0.00	\$924.00	\$462.00	\$924.00
OO - Employee Only - Part Time	\$401.00	\$401.00	\$0.00	\$0.00
TT - Employee Plus One - Part Time	\$743.00	\$743.00	\$0.00	\$0.00
MM - Family - Part Time	\$1,086.00	\$1,086.00	\$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	\$42.00	\$416.00	\$187.00	\$374.00
DD - Employee Plus One	\$100.00	\$767.00	\$333.50	\$667.00
FF - Family	\$146.00	\$1,122.00	\$488.00	\$976.00
OO - Employee Only - Part Time	\$518.00	\$518.00	\$0.00	\$0.00
TT - Employee Plus One - Part Time	\$955.00	\$955.00	\$0.00	\$0.00
MM - Family - Part Time	\$1,393.00	\$1,393.00	\$0.00	\$0.00

June 2010

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1 Deferred Comp Transaction Upload	2	3	4 Deferred Comp Transaction Upload	5 9AM - CIPPS files open - no edits or payruns
6 9AM - CIPPS files open - no edits or payruns	7	8	9	10 Semimonthly salaried certification deadline period #1- (5/25-6/09)	11	12 9AM - CIPPS files open - no edits or payruns
13 9AM - CIPPS files open - no edits or payruns	14 CHARGE FY 2010	15 Leave keying deadline Post leave accruals (5/25-6/09) May Healthcare Cert Due CHARGE FY 2010	16 Payday for semimonthly salaried employees CHARGE FY 2010	17 CHARGE FY 2010	18 Last day to certify wage/special for FY 10. Deferred Comp Transaction Upload CHARGE FY 2010	19 9AM - CIPPS files open - no edits or payruns
20 9AM - CIPPS files open - no edits or payruns	21 <u>Starting this day CHARGE FY 2011</u>	22	23 Deferred Comp Transaction Upload	24	25 Semimonthly salaried certification deadline period #2- (6/10-6/24)	26 9AM - CIPPS files open - no edits or payruns
27 9AM - CIPPS files open - no edits or payruns	28	29	30 Files Close at 2pm Leave keying deadline Post leave accruals (6/10-6/24) Fiscal Year End Leave Processing (Leave Liability)			