



**PAYROLL PROCESSING - FISCAL YEAR-END, continued**

**Optional Retirement Rates**

The rates for ORPs will not change for FY 18. The employer-contribution rates will be 10.4% and 8.5% for existing “Plan 1” and “Plan 2” participants, respectively. Plan 2 participants continue to contribute 5% from pay.

The maximum annual compensation for retirement contributions for the plan year that begins July 1, 2017, (checks dated 7/16/2017 – 7/01/2018) is \$265,000 for participants with membership dates on or after April 9, 1996. The maximum is \$395,000 for employees who became plan members with any VRS-covered employer before April 9, 1996.

**VRS Retirement Rates**

Contribution rates for VRS-administered programs are found below. The rates presented below have been approved by the General Assembly. The maximum annual compensation for retirement contributions for the plan year that begins July 1, 2017, (checks dated 07/16/2017 – 07/01/2018) is \$265,000 for participants with membership dates on or after April 9, 1996. The maximum is \$395,000 for employees who became plan members with any VRS-covered employer before April 9, 1996.

	<b>116 – 5011110</b>	<b>127 - 5011650</b>	<b>Amt Reported to VRS</b>	<b>Total Charged Agency</b>
<b>Retirement - Plan 1</b>				
State Employees – Elected Officials	13.49%	5.00%*	18.49%	18.49%
State Employees – All Others	13.49%	N/A	18.49%	13.49%
State Police (SPORS)	28.54%	N/A	33.54%	28.54%
Judicial	41.97%	5.00%*	46.97%	46.97%
VaLORS	21.05%	N/A	26.05%	21.05%
<b>Retirement - Plan 2</b>				
State Employees	13.49%	N/A	18.49%	13.49%
State Police (SPORS)	28.54%	N/A	33.54%	28.54%
Judicial	41.97%	N/A	46.97%	41.97%
VaLORS	21.05%	N/A	26.05%	21.05%
<b>Hybrid</b>				
	<b>116- 5011110</b>	<b>105- 5011660</b>	<b>106- 5011660</b>	<b>Total Charged Agency</b>
State Employees	9.99% - 12.49%	1.0%	.5% - 2.5%	13.49%
Judicial	43.47% - 45.97%	1.0%	.5% - 2.5%	46.97%
<b>Group Life Insurance</b>				
	<b>120 - 5011140</b>		<b>Amt Reported to VRS</b>	<b>Total Charged Agency</b>
	1.31%		1.31%	1.31%
<b>Retiree Health Insurance Credit</b>				
	<b>115 - 5011160</b>			
	1.18%		1.18%	1.18%
<b>VSDP</b>				
	<b>136/144 - 5011170</b>			
	0.66%		0.66%	0.66%

\* 5% member-portion continues to be paid for Plan 1 elected officials and Judicial coverage by the employer. All other Plan 1 employees pay the member portion.

*Continued on next page*

**PAYROLL PROCESSING - FISCAL YEAR-END**, continued

**Default Coding** Even though CARS was decommissioned effective July 1, 2016, the programmatic coding used on HMBU1 still follows the CARS format. Speedtypes are used to translate the expenditure coding to the appropriate coding in Cardinal. If you have changes to the default coding for FY 2018, please submit the GLI Default Coding form found under Miscellaneous Forms on the Payroll Forms webpage. A separate form is available for changes to default coding used in retirement and health care automated recons. These transactions are formatted according to Cardinal values. Please ensure that the account has been properly established in Cardinal before submitting your change.

**CIPPS Security** Individuals authorized to certify payroll expenditures are no longer identified on the Authorized Signatories Form (DA-04-121); instead, please submit a CIPPS Security form signed by the appropriate security officer if adding or deleting users. Also keep in mind that updates to Payline/PAT Masking access may also be necessary as assignments change.

**Deferred Comp and Annuity Cash Match** The maximum amount of Supplemental Plan cash match that may be made for eligible employees continues to be \$20 per pay period. Based on the number of pay periods, maximum deduction amounts per pay period are as follows:

Max. Match		Max. Match	
<u>No Pays</u>	<u>Amt</u>	<u>No Pays</u>	<u>Amt</u>
9	\$53.34	18	\$26.67
10	\$48.00	20	\$24.00
11	\$43.64	22	\$21.82
12	\$40.00	24	\$20.00

Note: Hybrid employees contributing less than 4% voluntary contribution to the hybrid plan are not eligible for this supplemental cash match.

**Flexible Benefits** Mass transactions to deactivate the flexible benefit deductions (Deduction 021, Dependent Care, Deduction 022, Medical Reimbursement and Deduction 023, Administration Fees) and zero the amount and goal fields will be executed by DOA on June 30.

**DOA will then establish the new deduction amounts for Plan Year 2018 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) will continue to be \$3.65 per month. This is an employee-paid, pre-tax fee withheld the first pay period of each month. The annual fee of \$43.80 is pro-rated based on the employee's number of pays (see fee schedule below).

Number of Pays	12/24	11/22	10/20	9/18
Fee Amount (Ded 023)	\$3.65	\$3.99	\$4.38	\$4.87
YTD Amount (Goal)	\$43.80	\$43.80	\$43.80	\$43.80

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 06/30/2018.

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**PAYROLL PROCESSING - FISCAL YEAR-END**, continued**Healthcare  
Premium  
Schedules**

On July 1, 2017, the new healthcare premiums specified in DHRM's *Spotlight* Spring 2017 Open Enrollment Issue will take effect. All codes and rates for CIPPS processing are provided on the following pages. These rates do not include the premium reward.

<b>Provider</b>	<b>Active Provider Code</b>	<b>Involuntary Separation Provider Code</b>	<b>Project Code And Task</b>
COVA Care Basic (Includes basic dental)	42	92	AHI100 10
COVA Care Expanded Dental	44	94	AHI100 10
COVA Care Out-of-Network	43	93	AHI100 10
COVA Care Out-of-Network and Expanded Dental	45	95	AHI100 10
COVA Care Out-of-Network and Vision, Hearing and Expanded Dental	47	97	AHI100 10
COVA Care Vision, Hearing and Expanded Dental	46	96	AHI100 10
COVA HDHP (High Deductible Health Plan)	50	90	AHI300 10
COVA HDHP ED (High Deductible Health Plan Expanded Dental)	105	155	AHI300 10
COVA Health Aware Basic	101	151	AHI200 10
COVA HealthAware and Expanded Dental	103	153	AHI200 10
COVA HealthAware, Expanded Dental and Vision	102	152	AHI200 10
Kaiser Permanente HMO (Available in Northern Virginia Only)	06	56	AHI810 40
TRICARE	110	160	AHI820 40

Healthcare premium changes will occur July 1, 2017, with the BES to CIPPS automated update. If you have any questions about the schedules, contact Denise Waddy, via e-mail at [denise.waddy@doa.virginia.gov](mailto:denise.waddy@doa.virginia.gov) or (804) 371-8912.

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**COVA Care Basic (BES – ACC0)****Provider Code: 42/92****Employee Coverage Code****Semi-Monthly****Monthly**

	<b>Employee</b>	<b>Agency</b>	<b>Total</b>		<b>Employee</b>	<b>Agency</b>	<b>Total</b>
S - Employee Only	\$44.00	\$323.50	\$367.50		\$88.00	\$647.00	\$735.00
D - Employee Plus One	\$100.50	\$579.50	\$680.00		\$201.00	\$1,159.00	\$1,360.00
F - Family	\$136.50	\$849.50	\$986.00		\$273.00	\$1,699.00	\$1,972.00
O - Employee Only - Part Time	\$367.50	\$0.00	\$367.50		\$735.00	\$0.00	\$735.00
T - Employee Plus One - Part Time	\$680.00	\$0.00	\$680.00		\$1,360.00	\$0.00	\$1,360.00
M - Family - Part Time	\$986.00	\$0.00	\$986.00		\$1,972.00	\$0.00	\$1,972.00

**COVA Care OON (BES – ACC1)****Provider Code: 43/93****Employee Coverage Code****Semi-Monthly****Monthly**

	<b>Employee</b>	<b>Agency</b>	<b>Total</b>		<b>Employee</b>	<b>Agency</b>	<b>Total</b>
S - Employee Only	\$52.50	\$323.50	\$376.00		\$105.00	\$647.00	\$752.00
D - Employee Plus One	\$112.50	\$579.50	\$692.00		\$225.00	\$1,159.00	\$1,384.00
F - Family	\$152.50	\$849.50	\$1,002.00		\$305.00	\$1,699.00	\$2,004.00
O - Employee Only - Part Time	\$376.00	\$0.00	\$376.00		\$752.00	\$0.00	\$752.00
T - Employee Plus One - Part Time	\$692.00	\$0.00	\$692.00		\$1,384.00	\$0.00	\$1,384.00
M - Family - Part Time	\$1,002.00	\$0.00	\$1,002.00		\$2,004.00	\$0.00	\$2,004.00

**COVA Care ED (BES – ACC2)****Provider Code: 44/94****Employee Coverage Code****Semi-Monthly****Monthly**

	<b>Employee</b>	<b>Agency</b>	<b>Total</b>		<b>Employee</b>	<b>Agency</b>	<b>Total</b>
S - Employee Only	\$59.50	\$323.50	\$383.00		\$119.00	\$647.00	\$766.00
D - Employee Plus One	\$130.00	\$579.50	\$709.50		\$260.00	\$1,159.00	\$1,419.00
F - Family	\$182.00	\$849.50	\$1,031.50		\$364.00	\$1,699.00	\$2,063.00
O - Employee Only - Part Time	\$383.00	\$0.00	\$383.00		\$766.00	\$0.00	\$766.00
T - Employee Plus One - Part Time	\$709.50	\$0.00	\$709.50		\$1,419.00	\$0.00	\$1,419.00
M - Family - Part Time	\$1,031.50	\$0.00	\$1,031.50		\$2,063.00	\$0.00	\$2,063.00

**COVA Care OON/ED (BES – ACC3)****Provider Code: 45/95****Employee Coverage Code****Semi-Monthly****Monthly**

	<b>Employee</b>	<b>Agency</b>	<b>Total</b>		<b>Employee</b>	<b>Agency</b>	<b>Total</b>
S - Employee Only	\$68.00	\$323.50	\$391.50		\$136.00	\$647.00	\$783.00
D - Employee Plus One	\$142.00	\$579.50	\$721.50		\$284.00	\$1,159.00	\$1,443.00
F - Family	\$198.00	\$849.50	\$1,047.50		\$396.00	\$1,699.00	\$2,095.00
O - Employee Only - Part Time	\$391.50	\$0.00	\$391.50		\$783.00	\$0.00	\$783.00
T - Employee Plus One - Part Time	\$721.50	\$0.00	\$721.50		\$1,443.00	\$0.00	\$1,443.00
M - Family - Part Time	\$1,047.50	\$0.00	\$1,047.50		\$2,095.00	\$0.00	\$2,095.00

**COVA Care V/H/ED (BES – ACC4)****Provider Code: 46/96****Employee Coverage Code****Semi-Monthly****Monthly**

	<b>Employee</b>	<b>Agency</b>	<b>Total</b>		<b>Employee</b>	<b>Agency</b>	<b>Total</b>
S - Employee Only	\$68.50	\$323.50	\$392.00		\$137.00	\$647.00	\$784.00
D - Employee Plus One	\$145.50	\$579.50	\$725.00		\$291.00	\$1,159.00	\$1,450.00
F - Family	\$203.00	\$849.50	\$1,052.50		\$406.00	\$1,699.00	\$2,105.00
O - Employee Only - Part Time	\$392.00	\$0.00	\$392.00		\$784.00	\$0.00	\$784.00
T - Employee Plus One - Part Time	\$725.00	\$0.00	\$725.00		\$1,450.00	\$0.00	\$1,450.00
M - Family - Part Time	\$1,052.50	\$0.00	\$1,052.50		\$2,105.00	\$0.00	\$2,105.00

**COVA Care FULL (BES – ACC5)****Provider Code: 47/97****Employee Coverage Code****Semi-Monthly****Monthly**

	<b>Employee</b>	<b>Agency</b>	<b>Total</b>		<b>Employee</b>	<b>Agency</b>	<b>Total</b>
S - Employee Only	\$77.00	\$323.50	\$400.50		\$154.00	\$647.00	\$801.00
D - Employee Plus One	\$157.50	\$579.50	\$737.00		\$315.00	\$1,159.00	\$1,474.00
F - Family	\$219.00	\$849.50	\$1,068.50		\$438.00	\$1,699.00	\$2,137.00
O - Employee Only - Part Time	\$400.50	\$0.00	\$400.50		\$801.00	\$0.00	\$801.00
T - Employee Plus One - Part Time	\$737.00	\$0.00	\$737.00		\$1,474.00	\$0.00	\$1,474.00
M - Family - Part Time	\$1,068.50	\$0.00	\$1,068.50		\$2,137.00	\$0.00	\$2,137.00

**COVA HealthAware Basic (BES – CHA)****Provider Code: 101/151****Employee Coverage Code****Semi-Monthly****Monthly**

	<b>Employee</b>	<b>Agency</b>	<b>Total</b>		<b>Employee</b>	<b>Agency</b>	<b>Total</b>
S - Employee Only	\$8.50	\$324.00	\$332.50		\$17.00	\$648.00	\$665.00
D - Employee Plus One	\$25.50	\$591.00	\$616.50		\$51.00	\$1,182.00	\$1,233.00
F - Family	\$25.00	\$866.50	\$891.50		\$50.00	\$1,733.00	\$1,783.00
O - Employee Only - Part Time	\$332.50	\$0.00	\$332.50		\$665.00	\$0.00	\$665.00
T - Employee Plus One - Part Time	\$616.50	\$0.00	\$616.50		\$1,233.00	\$0.00	\$1,233.00
M - Family - Part Time	\$891.50	\$0.00	\$891.50		\$1,783.00	\$0.00	\$1,783.00

**COVA HealthAware + ED & Vision (BES – CHA1)****Provider Code: 102/152****Employee Coverage Code****Semi-Monthly****Monthly**

	<b>Employee</b>	<b>Agency</b>	<b>Total</b>		<b>Employee</b>	<b>Agency</b>	<b>Total</b>
S - Employee Only	\$29.00	\$324.00	\$353.00		\$58.00	\$648.00	\$706.00
D - Employee Plus One	\$64.00	\$591.00	\$655.00		\$128.00	\$1,182.00	\$1,310.00
F – Family	\$81.50	\$866.50	\$948.00		\$163.00	\$1,733.00	\$1,896.00
O - Employee Only - Part Time	\$353.00	\$0.00	\$353.00		\$706.00	\$0.00	\$706.00
T - Employee Plus One - Part Time	\$655.00	\$0.00	\$655.00		\$1,310.00	\$0.00	\$1,310.00
M - Family - Part Time	\$948.00	\$0.00	\$948.00		\$1,896.00	\$0.00	\$1,896.00

**COVA HealthAware + ED (BES – CHA2)****Provider Code: 103/153****Employee Coverage Code****Semi-Monthly****Monthly**

	<b>Employee</b>	<b>Agency</b>	<b>Total</b>		<b>Employee</b>	<b>Agency</b>	<b>Total</b>
S - Employee Only	\$23.50	\$324.00	\$347.50		\$47.00	\$648.00	\$695.00
D - Employee Plus One	\$55.50	\$591.00	\$646.50		\$111.00	\$1,182.00	\$1,293.00
F – Family	\$70.00	\$866.50	\$936.50		\$140.00	\$1,733.00	\$1,873.00
O - Employee Only - Part Time	\$347.50	\$0.00	\$347.50		\$695.00	\$0.00	\$695.00
T - Employee Plus One - Part Time	\$646.50	\$0.00	\$646.50		\$1,293.00	\$0.00	\$1,293.00
M - Family - Part Time	\$936.50	\$0.00	\$936.50		\$1,873.00	\$0.00	\$1,873.00

**COVA HIGH DEDUCTIBLE HEALTH PLAN (BES – CHD)****Provider Code: 50/90****Employee Coverage Code****Semi-Monthly****Monthly**

	<b>Employee</b>	<b>Agency</b>	<b>Total</b>		<b>Employee</b>	<b>Agency</b>	<b>Total</b>
S - Employee Only	\$0.00	\$275.50	\$275.50		\$0.00	\$551.00	\$551.00
D - Employee Plus One	\$0.00	\$512.00	\$512.00		\$0.00	\$1,024.00	\$1,024.00
F - Family	\$0.00	\$748.00	\$748.00		\$0.00	\$1,496.00	\$1,496.00
O - Employee Only - Part Time	\$275.50	\$0.00	\$275.50		\$551.00	\$0.00	\$551.00
T - Employee Plus One - Part Time	\$512.00	\$0.00	\$512.00		\$1,024.00	\$0.00	\$1,024.00
M - Family - Part Time	\$748.00	\$0.00	\$748.00		\$1,496.00	\$0.00	\$1,496.00

**COVA HIGH DEDUCTIBLE HEALTH PLAN ED (BES – CHD1)****Provider Code: 105/155****Employee Coverage Code****Semi-Monthly****Monthly**

	<b>Employee</b>	<b>Agency</b>	<b>Total</b>		<b>Employee</b>	<b>Agency</b>	<b>Total</b>
S - Employee Only	\$15.00	\$275.50	\$290.50		\$30.00	\$551.00	\$581.00
D - Employee Plus One	\$29.50	\$512.00	\$541.50		\$59.00	\$1,024.00	\$1,083.00
F - Family	\$45.00	\$748.00	\$793.00		\$90.00	\$1,496.00	\$1,586.00
O - Employee Only - Part Time	\$290.50	\$0.00	\$290.50		\$581.00	\$0.00	\$581.00
T - Employee Plus One - Part Time	\$541.50	\$0.00	\$541.50		\$1,083.00	\$0.00	\$1,083.00
M - Family - Part Time	\$793.00	\$0.00	\$793.00		\$1,586.00	\$0.00	\$1,586.00

**KAISER PERMANENTE HMO (BES – KP)****Provider Code: 06/56****Employee Coverage Code****Semi-Monthly****Monthly**

	<b>Employee</b>	<b>Agency</b>	<b>Total</b>		<b>Employee</b>	<b>Agency</b>	<b>Total</b>
S - Employee Only	\$35.50	\$277.00	\$312.50		\$71.00	\$554.00	\$625.00
D - Employee Plus One	\$83.50	\$491.50	\$575.00		\$167.00	\$983.00	\$1,150.00
F - Family	\$119.50	\$718.00	\$837.50		\$239.00	\$1,436.00	\$1,675.00
O - Employee Only - Part Time	\$312.50	\$0.00	\$312.50		\$625.00	\$0.00	\$625.00
T - Employee Plus One - Part Time	\$575.00	\$0.00	\$575.00		\$1,150.00	\$0.00	\$1,150.00
M - Family - Part Time	\$837.50	\$0.00	\$837.50		\$1,675.00	\$0.00	\$1,675.00



**TRICARE (BES – TRC)****Provider Code: 110/160****Employee Coverage Code****Semi-Monthly****Monthly**

	<b>Employee</b>	<b>Agency</b>	<b>Total</b>		<b>Employee</b>	<b>Agency</b>	<b>Total</b>
S - Employee Only	\$30.50	\$0.00	\$30.50		\$61.00	\$0.00	\$61.00
D - Employee Plus One	\$60.00	\$0.00	\$60.00		\$120.00	\$0.00	\$120.00
F - Family	\$80.50	\$0.00	\$80.50		\$161.00	\$0.00	\$161.00
O - Employee Only - Part Time	\$30.50	\$0.00	\$30.50		\$61.00	\$0.00	\$61.00
T - Employee Plus One - Part Time	\$60.00	\$0.00	\$60.00		\$120.00	\$0.00	\$120.00
M - Family - Part Time	\$80.50	\$0.00	\$80.50		\$161.00	\$0.00	\$161.00

June 2017

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1 Payday for semi-monthly salaried employees	2 VNAV/CIPPS Update	3
4	5 Deferred Comp Transaction Upload  TPA Upload	6 Bi-weekly wage certification deadline period #1 (PE: 5/25; 5/27;5/28)	7 New Hire Center Report	8	9 Payday for bi-weekly wage employees	10
11	12 Semimonthly salaried certification deadline period #1- (5/25-6/09)  CHARGE FY 2017	13  CHARGE FY 2017	14  CHARGE FY 2017	15 Leave keying deadline (5/25-6/09)  CHARGE FY 2017	16 Payday for semi-monthly salaried employees  Healthcare Cert Due  CHARGE FY 2017	17
18	19  CHARGE FY 2017	20 Bi-weekly wage certification deadline period #2 (PE: 6/8; 6/10; 6/11)  TPA Upload  CHARGE FY 2017	21 New Hire Center Report  <u>Last day to certify wage/special for FY 17 – NO EXCEPTIONS</u>	22  <u>Starting this day CHARGE FY 2018 Must have July Check Date</u>	23 Payday for bi-weekly wage employees  <u>CHARGE FY 2018 Must have July Check Date</u>	24
25	26  <u>CHARGE FY 2018 Must have July Check Date</u>	27 Semimonthly salaried certification deadline period #2- (6/10-6/24)  <u>CHARGE FY 2018 Must have July Check Date</u>	28  <u>CHARGE FY 2018 Must have July Check Date</u>	29  <u>CHARGE FY 2018 Must have July Check Date</u>	30 CIPPS close at 2pm  Bi-weekly wage certification deadline period #1 (PE: 6/22; 6/24; 6/25)  Leave keying deadline (6/10-6/24)  <u>CHARGE FY 2018 Must have July Check Date</u>	

**July 2017**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1
2	<b>3</b> <b>State Holiday: Day Before Independence Day</b>  <b>Payday for semi-monthly salaried employees</b>	<b>4</b> <b>State Holiday: Independence Day</b>	<b>5</b> New Hire Center Report	<b>6</b> VNAV/CIPPS Update	<b>7</b> <b>Payday for bi-weekly wage employees</b>  Deferred Comp Transaction Upload  TPA Upload	8
9	<b>10</b> Semimonthly salaried certification Deadline Period# 1-(6/25-7/09)	11	<b>12</b> <b>QTR Cert Due</b>	<b>13</b> Leave keying Deadline (6/25-7/09)	<b>14</b> <b>Payday for semi-monthly salaried employees</b>	15
16	17	<b>18</b> Bi-weekly wage certification deadline period #2 (PE: 7/6; 7/8;7/9)	<b>19</b> New Hire Center Report  TPA Upload	20	<b>21</b> <b>Payday for bi-weekly wage employees</b>	22
23	24	25	<b>26</b> Semimonthly salaried certification deadline Period #2 (7/10-7/24)	27	28	29
30	<b>31</b> Leave keying deadline (7/10-7/24)  Healthcare Cert Due					

## August 2017

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		<b>1</b> Bi-weekly wage certification deadline period #1 (PE: 7/20; 7/22; 7/23)  Payday for semi-monthly salaried employees	<b>2</b> New Hire Center Report VNAV/CIPPS Update	<b>3</b> Deferred Comp Transaction Upload TPA Upload	<b>4</b> Payday for bi-weekly wage employees	<b>5</b>
<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b> Semimonthly salaried certification deadline Period# 1 (7/25-8/09)	<b>11</b>	<b>12</b>
<b>13</b>	<b>14</b>	<b>15</b> Bi-weekly wage certification deadline period #2 (PE: 8/3; 8/5;8/6)  Leave keying deadline (7/25-8/09)	<b>16</b> Payday for semi-monthly salaried employees  New Hire Center Report	<b>17</b>	<b>18</b> Payday for bi-weekly wage employees	<b>19</b>
<b>20</b>	<b>21</b> TPA Upload	<b>22</b>	<b>23</b>	<b>24</b>	<b>25</b>	<b>26</b>
<b>27</b>	<b>28</b> Semimonthly salaried certification deadline Period #2 (8/10-8/24)	<b>29</b> Bi-weekly wage certification deadline period #1 (PE: 8/17; 8/19;8/20)	<b>30</b> New Hire Center Report	<b>31</b> Leave keying deadline (8/10-8/24)  Healthcare Cert Due		

## September 2017

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					<b>1</b> Payday for bi-weekly wage employees  Payday for semi-monthly salaried employees	<b>2</b>
<b>3</b>	<b>4</b> State Holiday: <b>Labor Day</b>  <b>NATIONAL PAYROLL WEEK</b>	<b>5</b> VNAV/CIPPS Update	<b>6</b> Deferred Comp Transaction Upload  TPA Upload	<b>7</b>	<b>8</b>	<b>9</b>
<b>10</b>	<b>11</b> Semimonthly salaried certification deadline Period#1 (8/25-9/9)	<b>12</b> Bi-weekly wage certification deadline period #2 (PE: 8/31; 9/2;9/3)	<b>13</b> New Hire Center Report	<b>14</b> Leave keying deadline (8/25-9/09)	<b>15</b> Payday for bi-weekly wage employees  Payday for semi-monthly salaried employees	<b>16</b>
<b>17</b>	<b>18</b> TPA Upload	<b>19</b>	<b>20</b>	<b>21</b>	<b>22</b>	<b>23</b>
<b>24</b>	<b>25</b> Semimonthly salaried certification deadline Period#2 (9/10-9/24)	<b>26</b> Bi-weekly wage certification deadline period #0 (PE: 9/14; 9/16;9/17)	<b>27</b> New Hire Center Report	<b>28</b> Leave keying deadline (9/10-9/24)  <b>Military Leave Reset</b>	<b>29</b> Payday for bi-weekly wage employees  Payday for semi-monthly salaried employees  Healthcare Cert Due	<b>30</b>

## October 2017

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3 VNAV/CIPPS Update	4 Deferred Comp Transaction Upload  TPA Upload	5	6	7
8	9 <b>State Holiday: Columbus Day</b>	10 <b>Semi-monthly salaried certification deadline Period #1 (9/25-10/09)</b>  <b>Bi-weekly wage certification deadline period #1 (PE: 9/28; 9/30; 10/1)</b>	11 New Hire Center Report  <b>QTR Cert Due</b>	12	13 <b>Payday for bi- weekly wage employees</b>  Leave keying deadline (9/25-9/09)	14
15	16 <b>Payday for semi-monthly salaried employees</b>	17	18	19 TPA Upload	20	21
22	23	24 <b>Bi-weekly wage certification deadline period #2 (PE: 10/12; 10/14; 10/15)</b>	25 New Hire Center Report	26 <b>Semi-monthly salaried certification deadline Period#2 (10/10- 10/24)</b>	27 <b>Payday for bi- weekly wage employees</b>	28
29	30	31 Leave keying deadline (10/10-10/24)  Healthcare Cert Due				

**November 2017**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			<b>1</b> Payday for semi-monthly salaried employees	<b>2</b> VNAV/CIPPS Update	<b>3</b> Deferred Comp Transaction Upload  TPA Upload	<b>4</b>
<b>5</b>	<b>6</b>	<b>7</b> Bi-weekly wage certification deadline period #1 (PE: 10/26; 10/28; 10/29)	<b>8</b> New Hire Center Report	<b>9</b> Semimonthly salaried certification Period 1- (10/25-11/09)	<b>10</b> State Holiday: Veterans' Day  Payday for bi-weekly wage employees	<b>11</b>
<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b> Leave keying deadline (10/25-11/09)	<b>16</b> Payday for semi-monthly salaried employees	<b>17</b>	<b>18</b>
<b>19</b>	<b>20</b> Bi-weekly wage certification deadline period #2 (PE: 11/9; 11/11; 11/12)  TPA Upload	<b>21</b>	<b>22</b> Half-Day Holiday Files close at noon  New Hire Center Report	<b>23</b> State Holiday: Thanksgiving Day	<b>24</b> State Holiday: Day After Thanksgiving Day  Payday for bi-weekly wage employees	<b>25</b>
<b>26</b>	<b>27</b> Semimonthly salaried certification deadline Period#2 (11/10-11/24)	<b>28</b>	<b>29</b>	<b>30</b> Leave keying deadline (10/25-11/09)  Healthcare Cert Due		