



EMPLOYEE CONTRACTS

AASBO May 2, 2023

Employee Contracts

- Employee v. Contractor
- Certified & Classified Contracts
- Supplements & Stipends
- Reimbursements
- Payroll Calendars
- Miscellaneous Forms

Employee v. Contractor



How Does the IRS Determine Employee v. Contractor

The general rule is that an individual is an independent contractor if the payer has the right to control or direct only the result of the work and not what will be done and how it will be done. If you are an independent contractor, then you are self-employed.

If you are not sure you can submit Form SS-8 Determination of Worker Status with the IRS.

Employee v. Contractor

Employee

- Trained and given instructions
- A set schedule
- An ongoing contract with company
- Has insurance, Social Security, Medicare, and state unemployment paid by the company (school system)

Contractor

- Doesn't receive special training
- Makes their own schedule
- Provides their own tools and equipment
- Can contract with any company, any time.

ABC Test Presumes Worker is an Employee Unless

- Absence of Control – Is the worker free from the directions/control of the hiring organization?
- Business of Worker – Is the worker's task “unusual” with regards to the hiring organization's business?
- Customarily Engaged – Is the worker customarily independent from the hirer? Do they have their own business identity on the open market?

Department of the Treasury
Internal Revenue Service**Determination of Worker Status for Purposes
of Federal Employment Taxes and
Income Tax Withholding**► Information about Form SS-8 and its separate instructions is at www.irs.gov/formss8.

OMB. No. 1545-0004

For IRS Use Only:
Case Number:**Earliest Receipt Date:**

Name of firm (or person) for whom the worker performed services		Worker's name	
Firm's mailing address (include street address, apt. or suite no., city, state, and ZIP code)		Worker's mailing address (include street address, apt. or suite no., city, state, and ZIP code)	
Trade name	Firm's email address	Worker's daytime telephone number	Worker's email address
Firm's fax number	Firm's website	Worker's alternate telephone number	Worker's fax number
Firm's telephone number (include area code)	Firm's employer identification number	Worker's social security number	Worker's employer identification number (if any)

Note. If the worker is paid for these services by a firm other than the one listed on this form, enter the name, address, and employer identification number of the payer. ►

Disclosure of Information

The information provided on Form SS-8 may be disclosed to the firm, worker, or payer named above to assist the IRS in the determination process. For example, if you are a worker, we may disclose the information you provide on Form SS-8 to the firm or payer named above. The information can only be disclosed to assist with the determination process. If you provide incomplete information, we may not be able to process your request. See *Privacy Act and Paperwork Reduction Act Notice* in the separate instructions for more information. **If you do not want this information disclosed to other parties, do not file Form SS-8.**

Parts I-V. All filers of Form SS-8 must complete all questions in Parts I-IV. Part V must be completed if the worker provides a service directly to customers or is a salesperson. If you cannot answer a question, enter "Unknown" or "Does not apply." If you need more space for a question, attach another sheet with the part and question number clearly identified. Write your firm's name (or worker's name) and employer identification number (or social security number) at the top of each additional sheet attached to this form.

Part I General Information

- This form is being completed by: ☐ Firm ☐ Worker; for services performed _____ to _____ .
(beginning date) (ending date)
- Explain your reason(s) for filing this form (for example, you received a bill from the IRS, you believe you erroneously received a Form 1099 or Form W-2, you are unable to get workers' compensation benefits, or you were audited or are being audited by the IRS). _____
- Total number of workers who performed or are performing the same or similar services: _____ .
- How did the worker obtain the job? ☐ Application ☐ Bid ☐ Employment Agency ☐ Other (specify) _____
- Attach copies of all supporting documentation (for example, contracts, invoices, memos, Forms W-2 or Forms 1099-MISC issued or received, IRS closing agreements or IRS rulings).** In addition, please inform us of any current or past litigation concerning the worker's status. If no income reporting forms (Form 1099-MISC or W-2) were furnished to the worker, enter the amount of income earned for the year(s) at issue \$ _____.
If both Form W-2 and Form 1099-MISC were issued or received, explain why. _____
- Describe the firm's business. _____

Certified and Classified Contracts



Certified and Classified Contracts

- No need for written employment contracts for certified and classified employees. Their rights are contained in the Alabama Student First Act. Everything else should involve a written agreement.
- Any pay above or not included in the Board approved salary schedule must be approved by the Board to include State stipends such as Mentor and National Board stipends.
- The Board can authorize an amount that does not have to be Board approved but it has to be included in the salary schedule. Example: The Board authorizes each local school principal to provide up to \$125 per person, per event in supplemental pay for **certified** who work events such as etc.
- The local school is required to send the information to the payroll office as well as payment to include the benefits. Most supplements are stipends for coaches. The amount approved has to be the gross pay and not the net.

Certified and Classified Contracts

- Extra pay cannot be earned while performing their normal task during their contracted days. An exemption would be paying a teacher to teach during their prep period.
- Certified employees can be paid on a set amount such as an amount per event or amount per day if working past their contracted days.
- Classified employees must be paid based on a hourly rate to take into account their overtime rate if working over 40 hours in a week. (Overtime is only calculated when a classified employee **works** more than 40 hours in the week. Holidays or leave are not included in time worked).
- Some systems allow classified employees as volunteer coaches. Consult with your Board attorney and proceed with caution due to wage and hour issues.

Certified and Classified Contracts

- Verify that the contract has been Board approved by reviewing the Board report before making the payment.
- Be specific on the scope of the work and the rate of pay.
Example would be 1/8 of the teacher's salary schedule daily rate for teaching during the prep period Spring semester.
- Ensure all parties have signed the document.
- Have a set start date and end date on the contract.
- Set a deadline on when the information and payment has to be in to the payroll office.

TUSCALOOSA COUNTY BOARD OF EDUCATION SUPPLEMENTAL CONTRACT FOR EMPLOYEES

I, _____, being an employee of the Tuscaloosa County School System ("TCSS"), hereby agree to perform all duties and responsibilities associated with the supplemental position listed below at the salary/rate specified below. Further, I confirm and agree that my employment in such supplemental position is subject to the following terms and conditions:

1. Service in this supplementary role is an added duty beyond the contract I hold for employment for TCSS and such duties and salary are not part of my regular contract or duties. This contract covers and is only for the specific supplemental position listed below and is not automatically renewable. My duties and any related supplemental salary under this contract end with the date specified below. ***This is the only notice I will receive regarding the ending date of this contract.***
2. I understand and agree that all decisions on supplemental assignments are made by the principal or supervisor having the responsibility for such supplemental position. I confirm that neither my principal nor my supervisor, as the case may be, has made any promise or guarantee that this supplemental assignment shall continue beyond the dates of performance in this contract.
3. I understand and confirm that this is the only agreement that exists between the school system and myself concerning this extra assignment and that before it becomes final this contract and agreement must be approved by the Tuscaloosa County Board of Education as well as signed and approved in the office of the Superintendent or his/her designee.*
4. I also agree that if at any time during the dates of my supplemental assignment my principal or supervisor, with the concurrence of the Superintendent and the Board, determine it to be in the best interest of the TCSS for my supplemental employment to be terminated, then this supplemental contract and any further supplemental salary not already earned shall end. If I am terminated or resign from a supplemental position, the TCSS is authorized to deduct any amounts already paid to me, but that have not been earned (e.g. extended days).
5. I understand that if my employment terminates with the TCSS for any reason, my supplemental pay shall end. Furthermore, the TCSS is authorized to deduct any amounts already paid to me, but that have not been earned (e.g. extended days).

The specific supplemental position and the amount of compensation are as follows: **(SELECT ONE OF THE OPTIONS BELOW)**

_____ ***THIS IS A TUSCALOOSA COUNTY SCHOOL SYSTEM SALARY SCHEDULE SUPPLEMENTAL POSITION FOR THE 2022-2023 SCHOOL YEAR ONLY:***

Supplemental Position: _____

School/Work Site: _____

_____ ***THIS IS NOT A SUPPLEMENTAL POSITION INCLUDED IN THE TUSCALOOSA COUNTY SCHOOL SYSTEM SALARY SCHEDULE:***

Supplemental Position: _____

School/Work Site: _____

Supplemental Salary or hourly rate: \$ _____

Source of Funding: _____

Date(s) of Performance: _____

EMPLOYEE'S SIGNATURE

DATE

As the principal/supervisor who will be responsible for the selection, assignment and supervision of the above employee in this extra duty assignment described above, I hereby verify that the terms of this contract have been fully and completely explained to the employee and that I have made no other promises or guarantees of assignments or pay other than as stated herein. I further verify that the assignment of this employee to this supplemental position is in full compliance with all system policies.

PRINCIPAL/SUPERVISOR SIGNATURE

DATE

This contract and agreement has been reviewed for compliance with system allotment levels, accuracy of supplement amounts and compliance with system policies. Based upon the agreement of the above employee, together with the verified statement of the above principal/supervisor, this contract is hereby approved and the supplementary payments to be made hereunder added to payroll.

SUPERINTENDENT OR DESIGNEE

DATE

*The principal or supervisor must submit supplemental contracts to Human Resources by at least three working days prior to the Board meeting for approval.

Temporary/Part-Time Employee Contracts

- Must have Board approval
- Information turned into payroll month by the school or department
- Use for extended day workers, office workers and other part-time employees.
- Can also be used for temporary, finite appointments of 20 hours or more per week, but beware of this for benefit purposes.
- Must work less than 19 hours a week.
- Set amount used for various types of part-time employees. Can negotiate.
- Set a start and ending date.

TEMPORARY/ PART-TIME EMPLOYEE AGREEMENT

Employee Legal Name: _____ Worksite: _____

Position: _____ Valid Email Address: _____

Description of Duties: _____

TCSS Employee Responsible for Supervision: _____

Hourly/Daily Rate of Pay: _____ Source of Funding: _____

Duration of temporary position: _____ Start Date: _____

(The start date must be AFTER TCSS Board approval. This application and all required materials be received by HR no later than three working days prior to the date of Board meeting)

This position will be needed until: _____ OR This position shall terminate on: _____ OR

This position shall remain in effect for a period of _____ (weeks/months)

This employment agreement is hereby entered into between The Tuscaloosa County Board of Education (Employer) and the Employee. The Employer agrees to employ Employee in a part-time/temporary status, and the Employee agrees to work for the Employer in the position listed above, for the duration of employment and rate of pay. Employment will be effective only after Board approval and subject to all conditions and terms set out hereinbelow.

As a part-time/temporary Employee, the Employee is not eligible to participate in any fringe benefits, retirement program, or other benefits associated with permanent, regular employment. The Employee understands that part-time/temporary status does not entitle Employee to any special consideration for permanent or full-time employment. The Employee shall perform his or her duties for the Board in accordance with the professional and ethical standards applicable and customary to the education industry and profession, and at no time will the Employee conduct him or herself in a way that could potentially be damaging to the Board, its reputation, its employees, or its board members. The Employee shall comply with TCSS policies, standards, guidelines, and procedures in the performance of all duties pursuant to this agreement. The Employee is required to maintain accurate timeclock records as directed by his or her supervisor. Any acts to the contrary will result in immediate termination of this agreement by the Board.

The agreement shall be governed by the laws of the State of Alabama. This employment is an at-will employment that may be terminated at any time without cause and without advance notice. Only the Tuscaloosa County Board of Education has the authority to modify the terms of your employment as set out herein. Upon completion of the terms of this agreement, the employee has no further expectation of employment and the agreement shall end and Employee agrees to return all identification badges, equipment, devices and other property of the Employer.

I certify that I have verified that the information provided in the Agreement is correct. My signature also indicates that I have interviewed and approve the content of this Agreement. **I further understand that this Agreement shall be added to the Human Resources for approval when it is completed in its entirety and all supporting materials are received by that department. Incomplete agreements shall NOT go before the Board.**

Print Principal or Central Office Administrator's Name

Date

Principal or Central Office Administrator's Signature

School or Department

I understand the information stated above and agree to perform all duties and responsibilities associated with this Agreement. **I further understand that this Agreement shall be forwarded to the Board for approval only when all required documentation is received by Human Resources.**

I acknowledge my review of required Board policies (3.43 Prohibition of Harassment, 3.44 Equal Opportunity, 6.29 Employee Code of Conduct available online at www.tcass.net under Board of Ed. tab). I also acknowledge that other training may be required as part of this agreement.

Print Employee Name

Social Security Number

Employee Signature

Date

For Human Resources/Payroll Use Only:

- ☐ Current Substitute? (Yes/No) – No additional documentation required
- ☐ Retired Employee? (Yes/No)
- ☐ Valid Driver's License
- ☐ Social Security Card
- ☐ Cleared Background Check (Cogent)
- ☐ I-9 Eligibility Verification
- ☐ Drug Free Workplace Policy
- ☐ Erin's Law training (Mandatory child abuse and neglect reporting) – Certificate of Completion Provided
- ☐ Payroll New Hire Form
- ☐ W-4 Federal Withholding Form
- ☐ A-4 Alabama Withholding Form
- ☐ Direct Deposit Authorization Form with copy of voided check or letter from financial institution

Tuscaloosa County School System approval:

Superintendent or Designee's Signature

Date of Board Approval

EMPLOYEE INITIALS: _____

Contract for Services
“Independent Contractor Agreement”

This independent contractor agreement (“Agreement”) is made and entered on this _____ day of _____, 2023, by and between the Tuscaloosa County Board of Education (“Board”), a public school system located in the State of Alabama, whose address is 1118 Greensboro Avenue, P.O. Box 2568, Tuscaloosa, AL 35403, and :

Name: _____ (“Contractor”)

Address: _____

Phone: _____

This agreement is made with reference to the following:

The Tuscaloosa County Board of Education will contract services with the Contractor under the following conditions:

1. **Relationship of the Parties:** The parties agree and intend that the relationship between them created by this Agreement is that of a principal-independent contractor. An employee-employer relationship does not exist between the Contractor and the Board. The Contractor is not an employee of the Board, and thereby is neither entitled to nor covered by workers’ compensation, accident or health insurance, nor other benefits associated with an employer-employee relationship.
2. **Conduct:** The conduct and control of the work to be performed by the Contractor under this agreement rest exclusively with the Contractor. The Contractor shall perform his or her services for the Board in accordance with the workmanlike and ethical standards applicable and customary to the industry and profession, and at no time will the Contractor conduct him or herself in a way that could potentially be damaging to the board, its reputation, its employees, or its board members. The Contractor shall make his or her best faith efforts to comply with all of the TCSS policies, standards, guidelines, and procedures in effect, and shall comply with the highest ethical and business practices in the performance of all activities and services pursuant to this Agreement. Any acts to the contrary will result in immediate termination of the Contractor by the Board. The Contractor shall comply with all laws, rules, and regulations applicable to the service carried on under this Agreement.
3. **Engagement:** The Board hereby agrees to engage the Contractor to perform services on a temporary basis, which services are generally described below, as and when required by the Tuscaloosa County Board of Education.

CONTRACTOR INITIALS: _____

3.1 The start date for this contract is: _____, (the start date SHALL be after the TCSS Board of Education has approved this contract).

3.2 This contract shall remain in effect until: _____

OR

This contract shall terminate on: _____

OR

This contract shall remain in effect for a period of _____ weeks (or months)

4. **Subcontracts:** The Contractor will not subcontract parts or the whole of this contract.

5. **Payment:**

The Contractor will be paid on a daily basis at a rate of \$_____ per day from the following funding source: _____

OR

The Contractor shall be paid a total amount of \$_____ for services rendered during the time frame entered in in Paragraph 3 above from the following funding source: _____

Payment will be issued only after the Board receives an invoice by the Contractor via fax, mail, or in person, listing the work performed. If the work is completed at a school site, the invoice must be submitted to the building principal for approval before payment will be issued. Payment will be accomplished within 30 days of presentation of the invoice.

6. **Expenses:** The Contractor shall not be reimbursed for any expenses incurred in connection with providing the services required by this Agreement.

7. **Taxes:** The Board shall not deduct any local, state or federal income tax from payments made to the Contractor. The Contractor agrees to make all necessary contributions and to pay any and all taxes in accordance with applicable law and will hold the Board harmless from any liability or expense arising from or in connection with any failure by the Contractor to pay such taxes, including interest and penalties. The Contractor acknowledges that the Board shall not make unemployment insurance deductions from payments made to the Contractor, and that the Board shall not be required to include the Contractor under any applicable workers' compensation insurance program and/or policy. The Contractor also acknowledges that in the event of any injury of any kind, the Contractor will not be entitled to any medical or other disability benefits.

8. **Entire Agreement:** This Agreement constitutes the entire agreement between the parties and correctly sets forth the rights, duties, and obligations of all of the parties as of its date. Any prior agreements, promises, negotiations, or representations not expressly set forth in this Agreement are of no force and effect.

9. **Termination:** The Board has the right to change or terminate this contract and any or all services rendered by the Contractor at any time, without notice.

10. Describe the **FULL** scope of services the Contractor will perform. Add additional pages as necessary to provide a full description. (To be completed by the Principal and/or Supervisor **ONLY**)

I certify that I have verified that the information provided in the Agreement is correct. My signature also indicates that I have interviewed and approve the content of this Agreement. **I further understand that this contract shall be forwarded to the Board for approval when it is completed in its entirety. Incomplete contracts shall NOT go before the Board.**

Print Principal or Central Office Administrator's Name

Date

Principal or Central Office Administrator's Signature

School or Department

I understand the information stated above and agree to perform all duties and responsibilities associated with this Agreement. **I further understand that this contract shall be forwarded to the Board for approval when it is completed in its entirety. Incomplete contracts shall NOT go before the Board.**

Contractor Name

Social Security Number

Contractor Signature

Date

The Tuscaloosa County School System approval:

Superintendent's Signature

Date of Board Approval

Supplements & Stipends



Supplements

- Includes athletic and academic positions
- Normally included in the salary schedule
- Have everything listed out as to any limitations and time line for the different seasons for various sports
- Paid over twelve months
- Include in the salary schedule if an individual leaves during the twelve months and what constitutes a full season
- Will do an irregular calculation for any changes during the year

SUPPLEMENTS

All supplements included in this salary schedule are for one year only, approved by the board annually, and are not included when base salary is computed. The principal or supervisor must recommend a particular employee for a specific supplement each school year. In addition to the supplements listed in this salary schedule, the Central Office and local schools may enter into supplemental contract agreements for other supplemental duties. No continuing service status in the supplemental position is implied or should be assumed by the individual receiving a supplement. A supplemental contract is required for all TCSS and school supplements requiring board approval.

The Board authorizes each local school principal to provide up to \$125 per person, per event in supplemental pay for certified employees who work events such as ticket collection for athletic events, detention, and other school-specific after-hours activities. These supplements do not need any additional board approval. Any supplemental pay shall be paid using local school funds and shall be reflected on the monthly principals' service reports. The principal is required to maintain written documentation at the local school to support any additional supplemental pay under this provision. Classified employees may not be paid a lump sum or "fixed" monthly amount for any supplemental assignment. Classified employees will be compensated for supplemental duties at their hourly rate of pay, including any overtime.

All supplements, whether paid for by the Central Office or by a local school, are just that – supplemental contracts. An employee cannot earn a supplement during the course of the day while contracted for his/her primary position with the school system. An employee is expected to perform the majority of work on supplemental duties during his/her lunch, prep period, before or after school, or during the summer.

If, at any time during the dates of a supplemental assignment, the principal or supervisor determines it to be in the best interest of the TCSS for an employee's supplemental employment to be terminated, they may recommend the Superintendent terminate the supplemental assignment. If the Superintendent agrees with this decision, the Superintendent will provide the employee written notice of his/her decision and the supplemental contract and any further supplemental salary not already earned shall end. This also applies to transfers, resignations from supplemental assignments or termination of employment from the TCSS for any reason. If an employee is terminated or resigns from a supplemental position or the TCSS, the TCSS is authorized to recoup from the employee's pay, all sums paid but not earned, as the circumstances require (e.g. extended days for summer workouts, band, etc.). See the appendix to the Salary Schedule for specific supplemental responsibilities. If supplemental duties cannot be performed by the employee because of a full or partial cancellation of a season or school term, supplements will be stopped or reduced accordingly.

Supplemental Position	Extended Days**	0-3 Years Exp	4-6 years Exp	7+ Years Exp
Athletic Director				
High School				
5A-7A (TCHS, HCHS, BWHS SVHS)		4,000	5,000	6,000
1A-4A (NSHS, HHS)		3,000	4,000	5,000
Middle School		2,000	3,000	4,000
Associate Athletic Director				
5A-7A (TCHS, HCHS, BWHS SVHS)		2,000	2,500	3,000
Football				
Head Varsity Football Coach				
1A-4A (NSHS, HHS)	30 (5 –Fall, 5 – Spring, 20 – Summer)	10,000	12,500	15,000
5A (SVHS)	30 (5 –Fall, 5 – Spring, 20 – Summer)	11,000	13,500	16,000
6A (BHS, HCHS)	30 (5 –Fall, 5 – Spring, 20 – Summer)	12,000	14,500	17,000
7A (TCHS)	30 (5 –Fall, 5 – Spring, 20 – Summer)	13,000	15,500	18,000
Varsity Coordinator (2 per school)	10 (Summer)	4,500	4,500	4,500
Varsity Assistant				
5A-7A (6 per school)	10 (Summer)	3,200	3,200	3,200
1A-4A (5 per school)	10 (Summer)	3,200	3,200	3,200
JV Head Coach		1,800	2,000	2,400
9 th Grade Head Coach		1,800	2,000	2,400
Middle School Head Coach	10 (Summer)	2,860	3,200	3,400
Middle School Assistant (2)	5 (Summer)	1,500	1,500	1,500

Middle School Cross Country Boys/Girls		1,000	1,000	1,000
Tennis				
Head Varsity Boys		1,500	1,500	1,500
Head Varsity Girls		1,500	1,500	1,500
Head Varsity Boys/Girls Combined*		2,000	2,000	2,000
Middle School Head Coach		1,500	1,500	1,500
Soccer				
Head Varsity Boys		1,500	1,750	2,000
Head Varsity Girls		1,500	1,750	2,000
JV Coach		1,000	1,000	1,000
Middle School Head Coach		1,250	1,250	1,250
Middle School Assistant Coach		750	750	750
Golf				
Head Varsity Boys		1,250	1,250	1,250
Head Varsity Girls		1,250	1,250	1,250
Middle School Coach		750	750	750
Wrestling				
Head Coach		1,500	2,500	3,000
Assistant Coach		1,000	1,000	1,000
Middle School Coach		1,000	1,200	1,400
Flag Football				
Head Coach		1,500	1,750	2,000
Assistant Coach		1,000	1,000	1,000
Bowling and/or Swimming				
Head Coach		800	900	1,000
<i>*A combined supplement is appropriate if boys/girls compete in same competitions and have same practice time. If boys/girls teams do not share competitions/practice time, a coach may receive both supplements.</i>				
Cheerleading				
Varsity Football	5	1,600	2,000	2,400
Junior Varsity Football	5	1,400	1,400	1,400
Varsity Basketball		1,600	2,000	2,400
Junior Varsity Basketball		1,400	1,400	1,400
Middle School Football		900	1,100	1,300
Middle School Basketball		900	1,100	1,300

SPORT SEASONS

Fall	Winter	Spring	Year-Round/Seasonal
Volleyball Cross Country	Basketball Wrestling Indoor Track Bowling Swimming	Baseball Softball Soccer Golf Tennis Track	Football (Fall games, spring practice, summer) Danceline Majorette Colorguard Fishing

Supplemental Position		
Band Director*		
High School Band Director		
5A-7A (TCHS, HCHS, BWHS)	6750	20 (5 – Fall, 5 – Spring, 10 – Summer)
1A-4A (SVHS, HHS, NSHS)	6250	20 (5 – Fall, 5 – Spring, 10 – Summer)
High School Assistant Band Director	2500	20 (5 – Fall, 5 – Spring, 10 – Summer)
Middle School Band Director	1000	10 (5 – Fall, 5 – Summer)
Auxiliary		
High School Auxiliary Sponsor (3)	1000	5
Middle School Dance	1250	
Fine Arts*		
High School Choral	1500	
Middle School Choral	720	
High School Drama/Musical Theater	2500	
Academic and Enrichment Supplements		
High School Scholar's Bowl	720	
High School Math Team	720	
High School Debate	720	
High School Enrichment	720	
Middle School Scholar's Bowl	680	
Middle School Math Team	680	
Middle School Debate	680	
Middle School Enrichment	680	
Elementary Enrichment	360	
Additional Supplements		
Fishing Club	1000	
High School Yearbook	720	
Middle School Yearbook	680	
Elementary School Yearbook	360	
School Technology Team Lead*	1200	
Inventory Specialist	600	
PST Chair (2 for ADM over 1000)	720	
504 Chair (2 for ADM over 1000)	720	
Building Test Coordinator	720	
After School Detention	\$15/Hr	
Special Education Key Teacher	720	
Lead Social Worker	4000	
System Special Olympics Coordinator/Coach	720	
Bus Monitor	TBD/Run	
TCSS Sick Leave Bank and Catastrophic Leave Coordinator	720-2400	
Itinerant RN Supervisors	2000	
Teacher Mentor	TBD by ALSDE	
School Information Systems Operator*	Up to 3000	

Academic supplements require practice and participation in at least two competitions.

Enrichment supplements are based upon a school's individual needs (e.g., robotics, archery, Battle of the Books, etc). Written justification from the principal required.

*See the Appendix for specific supplemental position responsibilities

**Unless specifically noted, extended days are not earned until the season concludes

NOTES

- ◆ To receive the full supplement, the athletic team must meet the minimum season requirement as established by the AHSAA (Alabama High School Athletic Association).
- ◆ A coach may receive more than one extended contract provided that the extended days (seasons) do not overlap. For example, a head football coach (30 days) could not receive another extended day contract for coaching another sport. However, an assistant football coach (10 days) could also receive an extended contract as the head baseball coach (10 days).
- ◆ All supplements and extended contracts will be prorated accordingly with resignations and terminations before the end of the contract year regardless of when an athletic season or other obligation required by the supplement ends. Extended day contracts are considered to be a twelve (12) month season for salary purposes, but if an employee resigns prior to completing the supplemental assignment, the employee must repay any supplemental pay received for extended days that had not been earned. Similarly, an employee who resigns a supplemental position prior to the start of the season must repay any supplemental received prior to the start of AHSAA-designated practice and season schedules.
- ◆ One coach should not earn two supplements during the same season except within the same sport (except for football).
- ◆ Specific supplemental positions have job duties included in the Appendix of this Salary Schedule. These duties are subject to change.

Adding Supplements to Nextgen:

1. Salary Schedule
 - a. If New:
 - i. Code ZZ, Rank A, Step 0
 1. Use Step 1 if more than one supplement (supplement at more than 1 school)
 - ii. Uncheck Add 1 to Step at Year End
 - iii. Supp. Amount = Total Supplement
 - iv. Supp. Percent = 0%
 - v. Click Add item
2. Job Record Data
 - a. If New:
 - i. Click Show/Add Job Detail
 - ii. Type in Job Number
 - iii. Employee Type: SP
 - iv. Job Type: Supplemental Job
 - v. Pay Period: Monthly
 - vi. Job Location: Choose School
 - vii. Code-Rank-Step: Choose ZZ-A-0
 - viii. Percent 100%
 - ix. Click Add Item
 - x. Click Add/Update
 - xi. Click No (Calculate Using Current Annual Salary?)
3. Job Pay Record
 - a. If New:
 - i. Select Job Number
 - ii. Check Matching Insurance (bottom right corner)
 - b. If Old:
 - i. Check Calculate Salaries
4. Job GL
 - a. Select Job Number
 - b. Select GL or Add (Show/Hide/GL Distribution)
 - i. If more than one GL:
 1. Current Amount = Monthly Pay
 2. Budget Total = Total Pay
 - ii. If only one GL:
 1. Current Percent 100%
 - iii. Click Add Item
5. Hit SAVE

Tuscaloosa County Supplemental Pay		
2022-2023 School Year		
Elementary Schools & Llyod Wood		
TCSS PAID SUPPLEMENTS:		
SUPPLEMENT POSITION	Code	Amount
504 Chair	11-5-1100-191-CCCC-6001-0-2900-0000	720.00
Elementary Enrichment	11-5-1100-191-CCCC-6001-0-4400-0000	360.00
Elementary School Yearbook	11-5-1100-191-CCCC-6001-0-4400-0000	360.00
Inventory Specialist	11-5-2310-191-CCCC-6001-0-8230-0000	600.00
PST Chair	11-5-1100-191-CCCC-6001-0-2900-0000	720.00
Technology Team Leader #1	11-5-2310-191-CCCC-6001-0-8230-0000	1,200.00
Technology Team Leader #2	11-5-2310-191-CCCC-6001-0-8230-0000	1,200.00
School Information Systems Operator NO CLASSIFIED EMPLOYEES ALLOWED (Formerly INOW Operator)	11-5-2390-199-CCCC-6001-0-8230-0000	3,000.00
Building Test Coordinator	11-5-2310-191-CCCC-6001-0-8230-0000	720.00
Key Teacher (Lead SPED Teacher)	11-5-1100-191-CCCC-6001-0-2900-0000	720.00

Tuscaloosa County Supplemental Pay

2022-2023 School Year

Intermediate Schools

TCSS PAID SUPPLEMENTS:

SUPPLEMENT POSITION	Code	Amount
Band Director	11-5-1100-191-CCCC-6001-0-4400-0000	1,000.00
Dance Coach	11-5-1100-191-CCCC-6001-0-4400-0000	1,250.00
Choral Coach	11-5-1100-191-CCCC-6001-0-4400-0000	720.00
Scholar's Bowl Team Coach	11-5-1100-191-CCCC-6001-0-4400-0000	680.00
Math Team Coach	11-5-1100-191-CCCC-6001-0-4400-0000	680.00
Debate Team Coach	11-5-1100-191-CCCC-6001-0-4400-0000	680.00
Enrichment	11-5-1100-191-CCCC-6001-0-4400-0000	680.00
Fishing Club	11-5-1100-197-CCCC-6001-0-4510-0000	1,000.00
Yearbook	11-5-1100-191-CCCC-6001-0-4400-0000	680.00
Inventory Specialist	11-5-2310-191-CCCC-6001-0-8230-0000	600.00
PST Chair	11-5-1100-191-CCCC-6001-0-2900-0000	720.00
504 Chair	11-5-1100-191-CCCC-6001-0-2900-0000	720.00
Technology Team Leader #1	11-5-2310-191-CCCC-6001-0-8230-0000	1,200.00
Technology Team Leader #2	11-5-2310-191-CCCC-6001-0-8230-0000	1,200.00
School Information Systems Operator (Formerly INOW)		
NO CLASSIFIED EMPLOYEES	11-5-2390-199-CCCC-6001-0-8230-0000	3,000.00
Building Test Coordinator	11-5-2310-191-CCCC-6001-0-8230-0000	720.00
Key Teacher (Lead SPED Teacher)	11-5-1100-191-CCCC-6001-0-2900-0000	720.00
Grass Cutting Practice Football	11-5-1100-191-CCCC-6001-0-4500-0000	550.00
Grass Cutting Softball Practice	11-5-1100-191-CCCC-6001-0-4500-0000	550.00

Tuscaloosa County Supplemental Pay							
2022-2023 School Year							
High Schools							
TCSS PAID SUPPLEMENTS:							
SUPPLEMENT POSITION	Funding	Supplement Amount	Extended Days	Daily Rate	Ext Day Supplement	Sum	GL Code
Athletic Director	TCSS	6,000.00	0		-	6,000.00	11-5-1100-197-CCCC-6001-0-4510-0000
Football Head Coach	TCSS	17,000.00	30	387.11	11,613.30	28,613.30	11-5-1100-197-CCCC-6001-0-4503-0000
Head Coaching Supplement	Local	30,000.00	0		-	30,000.00	11-5-1100-197-CCCC-6001-0-4503-0000
Volleyball Head Varsity Coach	TCSS	5,250.00	5	324.93	1,624.65	6,874.65	11-5-1100-197-CCCC-6001-0-4508-0000
Volleyball JV Head Coach	TCSS	2,250.00	0		-	2,250.00	11-5-1100-197-CCCC-6001-0-4508-0000
Track Head Varsity Boys	TCSS	2,700.00	0		-	2,700.00	11-5-1100-197-CCCC-6001-0-4510-0000
Track Assistant Coach	TCSS	1,000.00	0		-	1,000.00	11-5-1100-198-CCCC-6001-0-4510-0000
Track Indoor Boys/ Girls	TCSS	1,000.00	0		-	1,000.00	11-5-1100-197-CCCC-6001-0-4510-0000
Additional Coaching Supplements	Local	6,000.00	0		-	6,000.00	11-5-1100-198-CCCC-6001-0-4503-0000
Football Varsity Coordinator	TCSS	4,500.00	10	344.91	3,449.10	7,949.10	11-5-1100-198-CCCC-6001-0-4503-0000
Enrichment	TCSS	720.00	0		-	720.00	11-5-1100-191-CCCC-6001-0-1500-0000
Cross Country Coach Boys	TCSS	1,150.00	0		-	1,150.00	11-5-1100-197-CCCC-6001-0-4510-0000
Cross Country Coach Girls	TCSS	1,150.00	0		-	1,150.00	11-5-1100-197-CCCC-6001-0-4510-0000
Baseball JV Head Coach	TCSS	1,750.00	3	306.12	918.36	2,668.36	11-5-1100-197-CCCC-6001-0-4501-0000
Basketball JV Boys	TCSS	2,500.00	3	266.20	798.60	3,298.60	11-5-1100-197-CCCC-6001-0-4502-0000
Wrestling Head Coach Boys	TCSS	3,000.00	0		-	3,000.00	11-5-1100-198-CCCC-6001-0-4509-0000
Football Varisty Assistant 6	TCSS	3,200.00	10	288.23	2,882.30	6,082.30	11-5-1100-198-CCCC-6001-0-4503-0000
Additional Baseball supplements	Local	2,000.00	0		-	2,000.00	11-5-1100-198-CCCC-6001-0-4501-0000
Cheerleading JV Basketball	TCSS	1,400.00	0		-	1,400.00	11-5-1100-197-CCCC-6001-0-4510-0000
Yearbook	TCSS	720.00	0		-	720.00	11-5-1100-191-CCCC-6001-0-4400-0000
Softball 9th Grade Coach	TCSS	1,200.00	0		-	1,200.00	11-5-1100-197-CCCC-6001-0-4506-0000
Volleyball Assistant Varsity Coach	TCSS	1,000.00	0		-	1,000.00	11-5-1100-198-CCCC-6001-0-4508-0000
Volleyball 9th Grade Coach	TCSS	1,000.00	0		-	1,000.00	11-5-1100-197-CCCC-6001-0-4508-0000
Softball JV Head Coach	TCSS	1,750.00	3	266.20	798.60	2,548.60	11-5-1100-197-CCCC-6001-0-4506-0000
Additional Volleyball supplement	Local	250.00	0		-	250.00	11-5-1100-198-CCCC-6001-0-4508-0000
Grass Cutting Practice - Band	1/2 TCSS	550.00	0		-	550.00	11-5-1100-191-CCCC-6001-0-4500-0000
Golf Head Varsity Boys	TCSS	1,250.00	0		-	1,250.00	11-5-1100-197-CCCC-6001-0-4504-0000
Wrestling Assistant Coach	TCSS	1,000.00	0		-	1,000.00	11-5-1100-198-CCCC-6001-0-4509-0000
Baseball Assistant Varsity Coach	TCSS	2,250.00	5	255.02	1,275.10	3,525.10	11-5-1100-198-CCCC-6001-0-4501-0000
Soccer Head Varsity Girls	TCSS	1,750.00	0		-	1,750.00	11-5-1100-197-CCCC-6001-0-4505-0000
Flag Football Assistant Coach	TCSS	1,000.00	0		-	1,000.00	11-5-1100-198-CCCC-6001-0-4503-0000

Tuscaloosa County Supplemental Pay				
2022-2023 School Year				
High Schools				
LOCAL SCHOOL PAID SUPPLEMENTS:				
School	Supplement Position	Source of Funding	Supplement Pay	Extended Days
Tuscaloosa County High School	Head Coaching Supplement	LOCAL SCHOOL	\$ 30,000	0
Tuscaloosa County High School	Associate Head Coach Supplement	LOCAL SCHOOL	\$ 6,000	0
Tuscaloosa County High School	Additional Coaching Supplements	LOCAL SCHOOL	\$ 10,000	0
Tuscaloosa County High School	Additional Coaching Supplements	LOCAL SCHOOL	\$ 6,000	0
Tuscaloosa County High School	Additional Coaching Supplements	LOCAL SCHOOL	\$ 2,000	0
Tuscaloosa County High School	Associate Athletic Director	LOCAL SCHOOL	\$ 3,000	0
Tuscaloosa County High School	Additional Softball supplements	LOCAL SCHOOL	\$ 3,500	0
Tuscaloosa County High School	Additional Baseball supplements	LOCAL SCHOOL	\$ 3,500	0
Tuscaloosa County High School	Additional Baseball supplements	LOCAL SCHOOL	\$ 2,000	0
Tuscaloosa County High School	Additional Baseball supplements	LOCAL SCHOOL	\$ 500	0
Tuscaloosa County High School	Baseball Strength & Conditioning	LOCAL SCHOOL	\$ 1,000	0
Tuscaloosa County High School	Additional Band Supplements	LOCAL SCHOOL	\$ 4,250	0
Tuscaloosa County High School	Additional Baseball supplements	LOCAL SCHOOL	\$ 2,000	0
Tuscaloosa County High School	Additional Baseball supplements	LOCAL SCHOOL	\$ 2,000	0
Tuscaloosa County High School	Additional Volleyball supplement	LOCAL SCHOOL	\$ 2,250	0
Tuscaloosa County High School	Additional Volleyball supplement	LOCAL SCHOOL	\$ 250	0
Tuscaloosa County High School	Additional PST	LOCAL SCHOOL	\$ 360	0

Tuscaloosa County Supplemental Pay			
2022-2023 School Year			
High Schools			
GRASS CUTTING SUPPLEMENTS:			
School	Supplement Position	Source of Funding	Supplement Pay
Tuscaloosa County High School	Grass Cutting Football (Areas around artificial turf)	1/2 TCSS PAID & 1/2 LOCAL SCHOOL	\$ 550
Tuscaloosa County High School	Grass Cutting Baseball	1/2 TCSS PAID & 1/2 LOCAL SCHOOL	\$ 1,750
Tuscaloosa County High School	Grass Cutting Softball	1/2 TCSS PAID & 1/2 LOCAL SCHOOL	\$ 1,200
Tuscaloosa County High School	Grass Cutting Track	1/2 TCSS PAID & 1/2 LOCAL SCHOOL	\$ 550
Tuscaloosa County High School	Grass Cutting Practice - Band	1/2 TCSS PAID & 1/2 LOCAL SCHOOL	\$ 550
Tuscaloosa County High School	Grass Cutting Practice - Football	1/2 TCSS PAID & 1/2 LOCAL SCHOOL	\$ 550
Tuscaloosa County High School	Grass Cutting Practice - Softball	1/2 TCSS PAID & 1/2 LOCAL SCHOOL	\$ 550

Stipends

- Payments for work above the normal work schedule. Examples include:
 - Extended day
 - Summer learning
- Includes payments from the State for various tasks completed. Examples include:
 - National Board Certification
 - LETRS Certification
 - A+ College grant work
- Local stipends require Board approval and must be submitted by the school or department
- Only pay the State stipends after the list has been approved by the Board and we have received the funds from the State

Reimbursements



Reimbursements

- Includes travel and any miscellaneous purchases.
- Have written procedures or policy for travel reimbursement to include mileage. Recommend adopting the Federal rate for mileage as your policy.
- We currently use the routable forms created by Harris for travel and leave requests.
- We use the Other Column on the travel form for miscellaneous reimbursements

[illegible]

fares, parking, tips, etc. Use extra forms when necessary.						
Signature _____						

ALL TRAVEL REPORTS MUST BE SUBMITTED BY THE FINAL WORKING DAY OF THE MONTH

Payroll Calendars



Payroll Calendars

- Develop one for each employee type based on contracted days worked
- Develop new calendars each year prior to July
- Helpful when calculating irregular salaries

TUSCALOOSA COUNTY BOARD OF EDUCATION

9 MONTH PERSONNEL PAYROLL PERIODS 2023-24

<u>MONTH</u>	<u>DAYS</u>			<u>Paydate</u>
SEPTEMBER	08-01-23	08-31-23	22	09-29-23
OCTOBER	09-01-23	09-30-23	20	10-31-23
NOVEMBER	10-01-23	10-31-23	21	11-30-23
DECEMBER	11-01-23	11-30-23	16	12-29-23
JANUARY	12-01-23	12-31-23	11	01-31-24
FEBRUARY	01-01-24	01-31-24	21	02-29-24
MARCH	02-01-24	02-29-24	20	03-29-24
APRIL	03-01-24	03-31-24	16	04-30-24
MAY	04-01-24	04-30-24	22	05-31-24
JUNE	05-01-24	05-31-24	18	06-30-24
JULY	06-01-24	06-30-24		07-31-24
AUGUST	07-01-24	07-31-24		08-30-24
Total Days			187	

SUBJECT TO CHANGE

TUSCALOOSA COUNTY BOARD OF EDUCATION**12 MONTH EMPLOYEES-245 DAYS
2023-24**

<u>MONTH</u>	<u>DAYS</u>			<u>PAYDATE</u>
JULY	7/1/23	7/31/23	22	08-31-23
AUGUST	8/1/23	8/31/23	23	09-29-23
SEPTEMBER	9/1/23	9/30/23	20	10-31-23
OCTOBER	10/1/23	10/31/23	22	10-30-23
NOVEMBER	11/1/23	11/30/23	18	12-29-23
DECEMBER	12/1/23	12/31/23	14	01-31-24
JANUARY	1/1/24	1/31/24	22	02-29-24
FEBRUARY	2/1/24	2/29/24	20	03-29-24
MARCH	3/1/24	3/31/24	19	04-30-24
APRIL	4/1/24	4/30/24	22	05-31-24
MAY	5/1/24	5/31/24	23	06-30-24
JUNE	6/1/24	6/30/24	20	07-31-24

Total Days 245**SUBJECT TO CHANGE.**

		PAYROLL ADJUSTMENT					
		9 MONTH EMPLOYEE - 187 DAYS					
EMPLOYEE NAME:							
EMPLOYEE NO:							
DATE OF EMPLOYMENT:							
DATE OF TERMINATION:							
DATE OF SALARY CHANGE:							
DATE OF OTHER CHANGE:							
LOCATION:							
PAYROLL CALENDAR		MONTH	AMOUNT PAID	DAYS IN PERIOD	DAYS WORKED	DAILY RATE	AMOUNT EARNED
	7/1-7/31	JULY		0	0	-	-
	8/1-8/31	AUG		21	0	-	-
	9/1-9/30	SEPT		21	0	-	-
	10/1-10/31	OCT		20	0	-	-
	11/1-11/30	NOV		16	0	-	-
	12/1-12/31	DEC		12	0	-	-
	1/3-1/31	JAN		21	0	-	-
	2/1-2/28	FEB		19	0	-	-
A-A-11	3/1-3/31	MAR		18	18	-	-
	4/1-4/30	APR		19	19	-	-
	5/1-5/28	MAY		20	20	-	-
	6/1-6/30	JUNE		0			-
			\$ -	187	57		\$ -
			AMOUNT EARNED				\$ -
			LESS AMOUNT PAID				\$ -
			SUPPLEMENTS				\$ -
			MONTHLY AMOUNT (APRIL)				\$ -
COMMENTS:							
DATE ENTERED IN SYSTEM:							
ENTERED BY:							

Miscellaneous Forms



**REQUEST FOR OVERTIME/EXTENDED TIME
COMPENSATION FORM**

TUSCALOOSA COUNTY BOARD OF EDUCATION

All work tasks requiring overtime/extended compensation must be approved in accordance with Policy 6.87.

This section must be completed *prior* to authorizing work requiring overtime or extended time compensation of any kind. An employee's approved regular work schedule should be adjusted within the work week (Sunday-Saturday) so that the employee works no more than his/her regularly scheduled hours when possible.

I hereby approve the following work requiring overtime work by the specified employee.

DATE(S) OVERTIME/EXTENDED TIME WORK TO BE PERFORMED: _____

WORK TO BE PERFORMED: _____

APPROXIMATE OVERTIME/EXTENDED TIME HOURS REQUIRED: _____

NAME OF EMPLOYEE TO PERFORM WORK: _____

EMPLOYEE'S SIGNATURE: _____ DATE: _____

SUPERVISOR'S NAME: _____ WORKSITE: _____

SUPERVISOR'S SIGNATURE: _____ DATE: _____

***OVERTIME/EXTENDED TIME PAY WILL BE PAID USING LOCAL SCHOOL FUNDS OR DEPARTMENTAL FUNDS
UNLESS PRIOR APPROVAL IS GIVEN BY THE SUPERINTENDENT OR DEPUTY SUPERINTENDENT.***

THIS REQUEST FOR OVERTIME/EXTENDED TIME WORK IS _____ APPROVED _____ NOT APPROVED

SUPERINTENDENT (OR DESIGNEE'S) SIGNATURE: _____ DATE: _____

Note: This section should be completed by the employee under the direction of the supervisor after approved work is completed and transmitted to the Payroll Office with the monthly payroll report.

☐ I request that my overtime/extended time for this payroll pay period be converted to compensatory time. I understand that such leave must be requested in advance (submit a "Compensatory Leave Request Form" to your supervisor).

☐ I request overtime/extended time compensation for this pay period.

EMPLOYEE'S NAME: _____

NUMBER OF OVERTIME HOURS WORKED DURING PAY PERIOD*: _____

NUMBER OF EXTENDED TIME HOURS WORKED DURING PAY PERIOD*: _____

EMPLOYEE'S SIGNATURE: _____ DATE: _____

SUPERVISOR'S SIGNATURE: _____ DATE: _____

*Any discrepancies in the employee's time sheet must be resolved before this section is signed. It is the employee's responsibility to clock in and out and maintain accurate records of all hours worked. Please see the next page of this form for important information.

Copies to:

Payroll Office

Supervisor

Employee

All work tasks requiring overtime compensation must be approved in accordance with Policy 6.87.

Based on provisions of the Fair Labor Standards Act, “exempt” positions are not entitled to overtime pay. “Exempt” employees are those that meet one or more of the following criteria:

1. Executive, administrative, and professional (certified) employees.
2. Classified employees (a) whose primary duties consist of the management of the enterprise in which they are employed, (b) who customarily direct the work of two or more employees, (c) who have the authority to hire or fire or whose suggestions and recommendations as to the hiring, firing, or other change of status decision for other employees will be given particular weight, and (d) who customarily and regularly exercise discretionary powers.
3. Employees paid at not less than \$455.00 per week or \$23,600.00 per year on a salary basis and meet certain tests of the law.

An employee’s regular work week hours are determined by his/her employee type (e.g., a 7-hour employee works a 35-hour work week). Whenever possible, an employee’s schedule should be adjusted within the Sunday – Saturday work week to eliminate any extended or overtime hours.

Extended time: When extra work does not extend the total hours actually worked beyond forty (40) hours, the employee will be paid his/her regular hourly rate or be granted comp time on an “hour for hour” basis for any hours worked beyond regular contracted hours within a work week.

Overtime: For time actually worked above forty (40) hours in a week (Sunday through Saturday), the employee will be paid 1½ times his/her regular hourly rate or be granted comp time at this time and half rate.

Compensatory Time: Compensatory time, not to exceed the accumulation of 40 hours within a contract year (July 1- June 30), must be taken within the contract year upon the approval of the supervisor. All employees who have accumulated more than 40 hours of granted approved overtime will be compensated for those additional hours not used for compensatory time at the end of the contract year, upon employee request, or upon separation of employment. To use compensatory time, an employee must submit a “Compensatory Leave Request” form to his/her supervisor for approval in advance. Comp Time may only be used in .5 day increments. **Approved comp time forms must be submitted to your bookkeeper for entry into Absence Management.** The bookkeeper will forward all comp time forms to payroll.

Overtime or extended time should be requested only when there is a need for such work for the benefit of the School System. It is not appropriate for an employee to request overtime or extended time for the benefit or convenience of the employee.



COMPENSATORY LEAVE/PAY REQUEST FORM

Employee Name _____ Worksite _____

Job Title _____ Employee Number _____

Dates/Time Requested _____
(Compensatory time may only be used in .5 day increments)

Employee Signature

Date

Supervisor Signature

Date

***Submit this form to your bookkeeper for entry into TCSS Absence Management System.
Bookkeepers will forward a copy to payroll with monthly report for the current payroll period when comp time is taken or
extended time/overtime hours are to be paid***

Important Reminders:

An employee's approved regular work schedule should be adjusted within the work week (Sunday-Saturday) so that the employee works no more than his/her regularly scheduled hours when possible. An employee's regular work week hours are determined by his/her employee type (e.g., a 7-hour employee has a 35-hour work week).

It is the employee's responsibility to clock in and out and maintain accurate records of all hours worked.

All work tasks requiring overtime/extended time compensation must be approved in accordance with TCSS Policy 6.87.

Based on provisions of the Fair Labor Standards Act, "exempt" positions are not entitled to overtime pay. "Exempt" employees are those that meet one or more of the following criteria:

1. Executive, administrative, and professional (certified) employees.
2. Classified employees (a) whose primary duties consist of the management of the enterprise in which they are employed, (b) who customarily direct the work of two or more employees, (c) who have the authority to hire or fire or whose suggestions and recommendations as to the hiring, firing, or other change of status decision for other employees will be given particular weight, and (d) who customarily and regularly exercise discretionary powers.
3. Employees paid at not less than \$455.00 per week or \$23,600.00 per year on a salary basis and meet certain tests of the law.

Extended time: When extra work does not extend the total hours actually worked beyond forty (40) hours, the employee will be paid his/her regular hourly rate or be granted comp time on an "hour for hour" basis for any hours worked beyond regular contracted hours within a work week.

Overtime: For time actually worked above forty (40) hours in a week (Sunday through Saturday), the employee will be paid 1½ times his/her regular hourly rate or be granted comp time at this time and half rate.

Compensatory Time: Compensatory time, not to exceed the accumulation of 40 hours within a contract year (July 1- June 30), must be taken within the contract year upon the approval of the supervisor. All employees who have accumulated more than 40 hours of granted approved overtime will be compensated for those additional hours not used for compensatory time at the end of the contract year, upon employee request, or upon separation of employment. To use compensatory time, an employee must submit a "Compensatory Leave Request" form to his/her supervisor for approval in advance. Comp Time may only be used in .5 day increments. **Approved comp time forms must be submitted to your bookkeeper for entry into Absence Management.** The bookkeeper will forward a copy of the comp time forms to payroll.

Overtime or extended time should be requested only when there is a need for such work for the benefit of the School System. It is not appropriate for an employee to request overtime or extended time for the benefit or convenience of the employee.

LSA Blended Time Calculation

4/27/2023

Employee Name	
Employee #	
Payroll Month	(Select Month)
Location	(Select Location)

Primary Role	
Hourly Rate	
# Hours Week 1	
# Hours Week 2	
# Hours Week 3	
# Hours Week 4	
# Hours Week 5	

1st Additional Role	
Hourly Rate	
# Hours Week 1	
# Hours Week 2	
# Hours Week 3	
# Hours Week 4	
# Hours Week 5	

2nd Additional Role	
Hourly Rate	
# Hours Week 1	
# Hours Week 2	
# Hours Week 3	
# Hours Week 4	
# Hours Week 5	

3rd Additional Role	
Hourly Rate	
# Hours Week 1	
# Hours Week 2	
# Hours Week 3	
# Hours Week 4	
# Hours Week 5	

4th Additional Role	
Hourly Rate	
# Hours Week 1	
# Hours Week 2	
# Hours Week 3	
# Hours Week 4	
# Hours Week 5	

5th Additional Role	
Hourly Rate	
# Hours Week 1	
# Hours Week 2	
# Hours Week 3	
# Hours Week 4	
# Hours Week 5	

OT Amount to include on Payroll Service Report \$ -

Total Amount Due to Central Office: \$ -

**The amount owed to the Central office includes benefits and payroll taxes.

LSA Blended Time Calculation

Instructions:

1. Ensure that all blue fields are blank.
2. Fill in the employee name, employee #, payroll month, and location for the individual working overtime.
3. Fill in the primary role, hourly rate, and # hours worked in that role.
 - a. Weekly hour total needs to include all hours in a typical Sunday – Saturday work week.
 - b. For example, if June 1st falls on a Thursday, be sure to include the hours worked Sunday, May 28th to Tuesday, May 31st. This will give you the correct OT for that week.
4. Fill in the additional role, hourly rate, and # hours worked in this capacity.
 - a. See notes a. & b. from previous action to ensure the correct OT premium is calculated.
5. If any other additional roles were worked, repeat step 4 in the available spaces.
6. If the employee listed above is not at your home school, please request an absentee report from your payroll representative.
7. Confirm that the # hours for each week only include hours worked and does not include sick, vacation, or holiday hours.
8. Once everything is filled in, print this page and cut a check for the amount owed to TCSS.



EMPLOYEE CONTRACTS May 2, 2023

Danny C. Higdon, CSFO
205-342-2767
dhigdon@tcss.net