

DERF Completion Instructions

***NOTE:** It is extremely important that ALL lines/fields on this form are filled out so that we know exactly what type of paperwork to send out and how to appropriately pay and report these employees to EMIS.

1. Complete the following as directed with the name of the district where the employee is being hired, their name, complete address and the employee telephone number.

District: → _____

Person to be hired: → _____

Address: → _____

Telephone: → _____

2. The PRIMARY WORK LOCATION is the building that the employee will be working in within your district.
 - a. District IRN is the number assigned to your overall district.
 - b. Building IRN is the number assigned to the building where this employee will be working within your district. If the building does not have an IRN #, please mark N/A

Primary work location: → _____

District IRN: → _____

Building IRN: → _____

3. Fill in the date that the DERF is being completed and also note the Position Title that the employee has been hired to do.

Date: → _____

Position: → _____

4. This section is SPECIFIC to the position that the person is being hired to do. If they are performing a special education position, you must mark this box.

<input checked="" type="checkbox"/> Special Education Position	
<input type="checkbox"/> ODE Licensed School Nurse (certificated staff complete Option 1)	<input type="checkbox"/> LPN <input type="checkbox"/> RN (non-certificated staff complete Option 2)

5. If the position being hired is ANY type of NURSE, you must also complete one of these boxes: ODE Licensed school nurse, LPN or RN. Please note that the employee **MUST** hold an actual ODE license in order to be considered an ODE licensed nurse and will pay into STRS retirement system. ALL other nurses pay into the SERS retirement system.

a. CHECK ONLY ONE BOX

<input type="checkbox"/> Special Education Position	
<input checked="" type="checkbox"/> ODE Licensed School Nurse (certificated staff complete Option 1)	<input checked="" type="checkbox"/> LPN <input checked="" type="checkbox"/> RN (non-certificated staff complete Option 2)

6. Fill in the effective dates of employment for this employee: First work day and last work day.

Effective dates of employment:

Start date: _____ End date: _____

7. Who is responsible for answering questions regarding this employee and their employment contract?

Supervisor: _____

Telephone: _____

Email: _____

8. What type of email should this employee have? YOUR district email address or do we need to assign them a Tri-County email address? **(NEW EMPLOYEES ONLY)**
- a. If they are being assigned YOUR district address, please be sure check the box and list it here

Check One REQUEST ESC EMAIL (employee complete TCCSA User Access Form) DISTRICT EMAIL (list email) _____

- b. If they are to be assigned a Tri-County email address, please mark this box.
- i. Please have the employee complete a TCCSA user access form and send to us ASAP.

Check One REQUEST ESC EMAIL (employee complete TCCSA User Access Form) DISTRICT EMAIL (list email) _____

9. What type of position is this employee being hired to do? (Please keep in mind that we must hire and report the employee based on the job that they are performing, not whether they hold a certified license with ODE. **This determination affects both EMIS reporting and retirement system contributions**)

- a. **CERTIFICATED STAFF:** Full time & part time teachers, Superintendents, Substitute Teachers, Board of DD Teachers, Adult education instructors, Tutors, Guidance Counselors, Psychologists, Occupational therapists & assistants or any persons paid from public funds and under any type of contract described in section 3311.77 or 3319.08. R.C. or any persons required to have a license issued pursuant to Sections 3319.22 to 3319.31, R.C.
- b. **CLASSIFIED STAFF:** Teacher aides/paraprofessionals, Bus drivers, Food service personnel, custodial or maintenance personnel, technology coordinators, Treasurers, Business managers, Secretarial or clerical personnel, Latchkey employees, School board members, Early childhood instructors, Security officers or any persons NOT required to have a license issued pursuant to Sections 3319.22 to 3319.31, R.C

WAGE INFORMATION (Complete Option 1 for CERTIFICATED or Option 2 for CLASSIFIED)

10. Is this employee to be paid using the ESC salary schedule or YOUR district salary schedule?

Option 1 - CERTIFICATED STAFF

A. Employee is to be paid on ESC Salary Schedule  Yes No

11. Is this employee to be paid off of a timesheet?

a. If the employee will be filling out and submitted timesheets each pay period, mark YES

i. Timesheet employees do **NOT** require a circle calendar.

B. Timesheet Employee (as needed)  Yes (no calendar needed) No

b. If the employee will be on "STRETCH" pay, please mark NO.

ii. Stretch pay employees **DO** require a circle calendar. *(Stretch pay means that they will be paid a salary that will be divided into equal installments and paid throughout the year.)*

B. Timesheet Employee (as needed) Yes (no calendar needed)  No

12. What is the level of COMPLETED education by the employee being hired?

C. Education Level - Choose one  BA 150 SH MA MA+15 SH MA+ 30 SH PhD

13. How many years of experience does this employee have in the position that they are being hired for?

D. Number of Years Experience  _____

14. How many WORK days are included in the employee contract?

E. Number of Days In Contract/Calendar  _____ Not to exceed May exceed with authorized signature

a. You **MUST** also mark whether they **MAY** or **MAY NOT** exceed that number of days listed in this section.

15. How many HOURS per day will the employee be working?

F. Number of Hours Per Day  _____

Not to exceed May exceed with authorized signature

Authorized Signer: _____

a. You **MUST** also mark whether they **MAY** or **MAY NOT** exceed that number of hours per day that you are listed in this section.

i. If selecting that they **MAY** exceed, you must also indicate whose signature may be accepted on the timesheet submitted to pay the employee for those days or hours listed in section E and F of this form.

***NOTE:** If you choose that the employee is **NOT** to exceed on as indicated sections illustrated in #14 and #15 above and then they work additional days or hours, a new or revised DERF will be needed, as well as board action prior to paying them for those additional days or hours.

16. What is the amount to be paid to this employee?

G. Enter Salary to Be Paid  \$ _____

Hourly Daily Annual

a. You **MUST** also mark if this amount is **HOURLY**, **DAILY** or an **ANNUAL** salary amount.

17. Is the ESC responsible for payment of the substitute in the event that this employee is absent?

H. Is the ESC responsible for payment of substitute(s)  Yes No

a. If the ESC is responsible for payment of the substitute, please note that the sub **MUST** be on the approved E.S.C. sub list and will be required to complete a Tri-County ESC payroll packet upon subbing for the first time.

18. What grade levels will this employee be responsible for or what grade levels attend the building that the employee will be employed in?

I. Lowest grade level assigned _____  Highest grade level assigned _____ 

19. Lines A, B & C of the Non-Certified section should be completed the same as those previously explained and illustrated in steps #10 – 13.

2.	Option 2-NON-CERTIFICATED STAFF (Classified)
A.	Employee is to be paid on ESC Salary Schedule  <input type="checkbox"/> Yes <input type="checkbox"/> No
B.	Timesheet Employee (as needed)  <input type="checkbox"/> Yes (no calendar needed) <input type="checkbox"/> No
C.	Number of Years Experience  _____

20. How many WORK days are included in the employee contract?

D.	Number of Work Days in Calendar 	_____	(Circle Days on Calendar)
	Plus 6 Mandatory Paid Holidays 	<u>6</u>	(Holidays Circled on Calendar - As needed employees receive holidays too)

a. **NOTE: ALL Classified employees are automatically paid UP TO 6 holidays, which should be included in the TOTAL number of work days, and will also be included in their contract salary/payments. If they start late in the year, only count the remaining days left on the calendar through the end of the contract. PAID HOLIDAYS INLCUDE:**

- i. Labor Day
- ii. Thanksgiving
- iii. Christmas
- iv. New Years
- v. Martin Luther King Day
- vi. Memorial Day

21. List the TOTAL number of work days here, which INCLUDE the paid holidays, as circled on the calendar submitted with this form.

E.	Number of Days In Contract/Calendar 	_____	<input type="checkbox"/> Not to exceed <input type="checkbox"/> May exceed with authorized signature
----	---	-------	--

a. You MUST also mark whether they MAY or MAY NOT exceed that number of days listed in this section.

22. Lines F, G & H of the Non-Certified section should be completed the same as those previously explained and illustrated in steps #15 – 17.

F.	Number of Hours Per Day	→	_____	<input type="checkbox"/> Not to exceed	<input type="checkbox"/> May exceed with authorized signature	
				Authorized Signer: _____		
G.	Enter Salary to Be Paid	→	\$ _____	<input type="checkbox"/> Hourly	<input type="checkbox"/> Daily	<input type="checkbox"/> Annual
H.	Is the ESC responsible for payment of substitute(s)	→	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

a. Be sure to complete ALL questions/boxes of each line.

23. Does this employee currently hold an ODE issued Educational Aide license, which includes the ESEA endorsement?

I.	Qualified Paraprofessional (Holds Educational Aide Permit w/ ESEA Endorsement)	→	<input type="checkbox"/> Yes	<input type="checkbox"/> No
----	--	---	------------------------------	-----------------------------

24. PAGE 2 begins insurance and reimbursement instructions and must also be completed.

HEALTH INSURANCE ELIGIBILITY

(Check 1 of 4 options below. For Options 1 and 2, circle type of coverage - single or family.)

If the prospective employee meets the following criteria, **they will be** eligible for health insurance coverage which includes medical and dental coverage, as well as board paid life insurance of \$38,000.00.

a. You **MUST** choose one option regarding Health Insurance coverage when sending in this form, even if the employee doesn't want or need insurance coverage. We must be able to determine what type of paperwork to send out to them, based on the information you provide.

25. **CHECK** the box that applies to the employee being hired (One option must be selected)

<input type="checkbox"/>	1. Full-time Insurance Coverage - Employee is employed full-time for a minimum of 1,104 plus hours per year												
	<table border="0"> <tr> <td><u>Employee Cost Per Month</u></td> <td></td> <td><u>Employer Cost Per Year</u></td> <td></td> </tr> <tr> <td>Single Coverage</td> <td>\$111.06</td> <td>Single Coverage</td> <td>\$7,665.48 (12 months)</td> </tr> <tr> <td>Family Coverage</td> <td>\$269.34</td> <td>Family Coverage</td> <td>\$18,391.92 (12 months)</td> </tr> </table>	<u>Employee Cost Per Month</u>		<u>Employer Cost Per Year</u>		Single Coverage	\$111.06	Single Coverage	\$7,665.48 (12 months)	Family Coverage	\$269.34	Family Coverage	\$18,391.92 (12 months)
<u>Employee Cost Per Month</u>		<u>Employer Cost Per Year</u>											
Single Coverage	\$111.06	Single Coverage	\$7,665.48 (12 months)										
Family Coverage	\$269.34	Family Coverage	\$18,391.92 (12 months)										
<input type="checkbox"/>	2. Part-time Insurance Coverage - Employee works a minimum 736 hours per year												
	<table border="0"> <tr> <td><u>Employee Cost Per Month</u></td> <td></td> <td><u>Employer Cost Per Year</u></td> <td></td> </tr> <tr> <td>Single Coverage</td> <td>\$686.96</td> <td>Single Coverage</td> <td>\$684.00 (12 months)</td> </tr> <tr> <td>Family Coverage</td> <td>\$1,680.58</td> <td>Family Coverage</td> <td>\$1,380.00 (12 months)</td> </tr> </table>	<u>Employee Cost Per Month</u>		<u>Employer Cost Per Year</u>		Single Coverage	\$686.96	Single Coverage	\$684.00 (12 months)	Family Coverage	\$1,680.58	Family Coverage	\$1,380.00 (12 months)
<u>Employee Cost Per Month</u>		<u>Employer Cost Per Year</u>											
Single Coverage	\$686.96	Single Coverage	\$684.00 (12 months)										
Family Coverage	\$1,680.58	Family Coverage	\$1,380.00 (12 months)										
<input type="checkbox"/>	3. No Insurance Coverage - Employee works less than 736 hours per year or is currently not eligible for benefit												
<input type="checkbox"/>	4. The employee states no insurance coverage needed (ESC will send waiver form to employee)												

b. Employees must meet certain criterion to be eligible and offered Full time and Part Time insurance coverage.

- i. **OPTION 1** - Employees must work a total of 1,104 hours or more per year to qualify for FULL TIME BENEFITS.
- ii. **OPTION 2** - Employees must work between 736 hours and 1,103 hours per year to qualify for PART-TIME BENEFITS.
- iii. **OPTION 3** - Employees working less than 736 hours do not qualify.
- iv. **OPTION 4** - Employee has insurance coverage through a parent or spouse and does not wish to select insurance coverage through us.

26. If there are other reimbursements that this employee will be entitled to, such as Mileage, Professional Development, College Tuition, etc. This must be listed in this section and an AMOUNT should be listed on the applicable line.

OTHER BENEFITS TO BE COVERED BY THIS CONTRACT (Please check if applicable)

<input type="checkbox"/>	1. Mileage (Estimate amount to be paid)	\$	<u>List amount here</u>
<input type="checkbox"/>	2. Professional Development Allowance (Indicate amount)	\$	<u>List amount here</u>
<input type="checkbox"/>	3. College Tuition Reimbursement (Indicate amount)	\$	<u>List amount here</u>
<input type="checkbox"/>	4. <u>List other reimbursements here</u>	\$	<u>List amount here</u>

a. By completing this information, we are able to enter a requisition/purchase order, to then reimburse the employee for the items listed here and submitted the A/P department on the appropriate form. WE CANNOT reimburse an employee without this information being completed.

27. Any miscellaneous comments or special instructions should be listed here.

Employees will be paid when all payroll forms are on file in the Treasurer's Office at Tri-County ESC.

Other Information:  _____

28. Superintendent Signature required accepting responsibility for payments issued based on the information given on this form.

By signing this form, your district agrees to assume full responsibility for all costs associated with the employment of the above-named individual, including but not limited to wages, benefits, workers compensation, unemployment, calamity days and legal fees.

Superintendent Signature  _____ Date  _____

29. Who prepared/completed this form?

Prepared by:  _____ Date  _____

***NOTE:** *Once this form has been completed IN FULL, it must be sent to the SUPERINTENDENT'S OFFICE at the ESC.*

- Failure to complete EACH line of every section shown, will result in the DERF being returned for corrections.
- Stretch Pay contracts must also have a circle calendar included upon submission.

**Any Questions, please contact
Liz Shaffer @ 330-345-6771 ext. 233**