



Sherriel Sullivan &lt;sherriel.sullivan@pgcps.org&gt;

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## Timekeeper Notice

1 message

Wilma Marks &lt;wilma.marks@pgcps.org&gt;

Wed, Jan 6, 2021 at 4:10 PM

Bcc: Sherriel.Sullivan@pgcps.org

Hello Timekeepers,

Happy New Year! 2021 has arrived!

1. The first check of the new year comes with certain changes that may cause employees to question their net pay. Benefits rates have changed and tax rates as well. Both of these changes will affect employee's pre-tax deductions, tax deductions, and net pay. If employees contact you, please ask them to review their paycheck and compare it to the last paycheck. If the employee has questions concerning the changes in their benefit rates, they will need to contact their respective benefits specialist at [pgcps.benefits@pgcps.org](mailto:pgcps.benefits@pgcps.org).

2. W2s will be mailed out by the end of January as required by law. They will be sent to the employee's home address on record in Oracle as of December 31, 2020. Due to current telework circumstances, many employees are not able to access W2s online. For this reason, W2s will be mailed to all employees including those who selected online W2s only. W2s will still be available online using Oracle Self-Service on the same day the paper W2s are mailed. Requests for reprints will not be accepted until February 15.


3. Over the years, Payroll has generated a number of forms for Timekeepers to use. These forms are available in this email in their fillable PDF formats. Please save these forms or refer to this email when you need the forms. It is best to use the write-able version as the handwritten forms are often not legible.

Sincerely,

*Wilma Marks**Supervisor Operations and Procedures**Payroll Services**301-952-6351**Fax: 301-952-6088**Strategic, Input, Consistency, Connectedness, Relator*Click [HERE](#) to go to the **Payroll Office** Website!Click [HERE](#) to go to the **Absence Management** Website!Click [HERE](#) to go to the **Leave** (Use or Lose) **Calculator** for all PGCPS unions!Click [HERE](#) to go to the **Internal Revenue Service (IRS) Tax Withholding Calculator**!**\*\*\*\*\*Providing excellent customer service is very important to us\*\*\*\*\*****Please, take a moment to rate our service by clicking the link below:**[Click Here to Complete Customer Service Survey!](#)

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### 25 attachments

 **Address change form\_SY21 - fillable.pdf**  
85K

-  **Direct Deposit Form (Fillable).pdf**  
2255K
-  **Payroll\_Stop\_Payment\_Request\_Form - Customer Use Only.pdf**  
224K
-  **PRS-101-Tracking Overtime Reg Extra Time.pdf**  
283K
-  **PRS-104-Tracking ELO Time.pdf**  
210K
-  **PRS-103-Late ELO Time.pdf**  
220K
-  **PRS-105-Late ILT days.pdf**  
239K
-  **PRS-102-Late Overtime Reg Extra Time.pdf**  
258K
-  **PRS-106-Tracking ILT Days.pdf**  
206K
-  **PRS-107-Late Temps Hourly Second Assignment.pdf**  
249K
-  **PRS-109-Late Secretary coverage of Nurse or Teacher.pdf**  
262K
-  **PRS-111-Lunch Recess late.pdf**  
181K
-  **PRS-110-PGCEA Classroom coverage Tracking.pdf**  
260K
-  **PRS-112- PGCEA Classroom coverage Late.pdf**  
194K
-  **PRS-108-Substitute Teachers T&A Late Report INTERACTIVE (1).pdf**  
706K
-  **PRS-113-Late Paraprofessional Classroom coverage.pdf**  
279K
-  **PRS-115-Tracking Temps Hourly Second Assignment.pdf**  
186K
-  **PRS-114-Late Sub Para Time.pdf**  
254K
-  **PRS-118-Lunch Recess Tracking.pdf**  
233K
-  **PRS-117-Classroom Coverage by Para Tracking.pdf**  
271K
-  **PRS-119-Tracking Secretary coverage of Nurse or Teacher.pdf**  
327K
-  **W2 reprint request.pdf**  
43K
-  **Sick and Safe Leave Request Form (updated May 2019) (4).docx**  
25K
-  **PRS-120-SPED Substitute Teacher Coverage Per Kirwan Commission Fund Grant 2019-20.pdf**  
186K



**PRS-121-INTERACTIVE REQUEST FOR OMITTED LEAVE HOURS (2).pdf**

233K



# Direct Deposit Enrollment/Change Form

Submit to Treasury Operations, Room 113 Sasser Bldg.

Employee Name: \_\_\_\_\_

EIN: \_\_\_\_\_

SSN (last 4 digits only): \_\_\_\_\_

Employee Work Location: \_\_\_\_\_

Employee Contact Number: \_\_\_\_\_

COMPLETE TO ENROLL / ADD / CHANGE BANK ACCOUNTS – PLEASE PRINT IN BLACK/BLUE INK ONLY					
	Type of Account	Routing / Transit Number	Checking/Savings Account Number	Financial Institution (Bank) Name	I wish to deposit (Check one):
1	<input type="radio"/> Checking <input type="radio"/> Savings				<input type="radio"/> Specific Dollar Amount \$____.00 <input type="radio"/> _____% of Net Pay
2	<input type="radio"/> Checking <input type="radio"/> Savings				<input checked="" type="radio"/> Specific Dollar Amount \$____.00 <input type="radio"/> _____% of Net Pay <input type="radio"/> Remainder of Net Pay
3	<input type="radio"/> Checking <input type="radio"/> Savings				<input type="radio"/> Specific Dollar Amount \$____.00 <input type="radio"/> _____% of Net Pay <input type="radio"/> Remainder of Net Pay
4	<input type="radio"/> Checking <input type="radio"/> Savings				<input type="radio"/> Specific Dollar Amount \$____.00 <input type="radio"/> _____% of Net Pay <input type="radio"/> Remainder of Net Pay
5	<input type="radio"/> Checking <input type="radio"/> Savings				<input type="radio"/> Remainder of Net Pay

One of the following is required to process this enrollment (check one):

**A voided check is required for all accounts. Please attach with submission.**

Bank letter or specification sheet that shows the account numbers and routing numbers of all the authorized accounts.

I verify that I have no voided check or bank letter to submit with this application and that the above information that I have provided is correct.

**Cancel ALL direct deposit accounts and be paid by check via USPS.**

COMPLETE IF CHANGING / CANCELLING EXISTING DEPOSIT AMOUNTS			
** IF UPDATING MORE THAN 3 ACCOUNTS PLEASE ATTACH ANOTHER AUTHORIZATION FORM **			
Routing / Transit Number	Checking/Savings Account Number	Financial Institution (Bank) Name	I wish to deposit (Check one):
			<input type="radio"/> From \$____.00 to \$____.00 <input type="radio"/> From _____% to _____% of Net Pay <input type="radio"/> Remainder of Net Pay <input type="radio"/> Cancel Account
			<input checked="" type="radio"/> From \$____.00 to \$____.00 <input type="radio"/> From _____% to _____% of Net Pay <input type="radio"/> Remainder of Net Pay <input type="radio"/> Cancel Account
			<input type="radio"/> From \$____.00 to \$____.00 <input type="radio"/> From _____% to _____% of Net Pay <input type="radio"/> Remainder of Net Pay <input type="radio"/> Cancel Account

### EMPLOYEE CONFIRMATION STATEMENT

I have verified that the above information is correct and I authorize Board of Education of Prince George's County, Maryland to deposit my net salary to the account(s) described above and the Financial Institution(s) named above to credit to such account. I understand that I can have my net salary deposited to a maximum of five accounts. This Authorization Agreement is to remain in full force and effect until MY EMPLOYER has received written notification of its termination from me, in such time and in such manner as to afford MY EMPLOYER a reasonable opportunity to act on it. If I determine that I need to change my banking information, I will keep my current account open until I have received confirmation that my new information has been verified. This Authorization Agreement may also be terminated by my employer. In the event that the Payroll Office notifies the bank that funds to which I am not entitled have been deposited to my account inadvertently, I hereby authorize and direct the bank to return said funds to the Payroll Office of my employer as soon as possible.

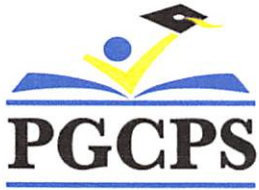
Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Received on: \_\_\_\_\_

Processed on: \_\_\_\_\_

By: \_\_\_\_\_

Reviewed: \_\_\_\_\_



**Prince George's County Public Schools**  
 14201 School Lane • Upper Marlboro, Maryland 20772 • www.pgcps.org

## STOP PAYMENT REQUEST

Date: \_\_\_\_\_

Replacement Check # \_\_\_\_\_

Name: \_\_\_\_\_

Check Date: \_\_\_\_\_

EIN: \_\_\_\_\_

**To Payroll:**

Check number \_\_\_\_\_, payable at the SunTrust Bank, issued to me,  
 \_\_\_\_\_ on the date of \_\_\_\_\_ in the amount of  
 \_\_\_\_\_ has been lost in the following manner:

Please check one:  MISPLACED  NEVER RECEIVED  STOLEN  DESTROYED  OTHER

\_\_\_\_\_  
 (Explanation of "other")

I request that you place a stop payment on the original check and that a replacement check be issued. I understand that this stop payment request nullifies my right to negotiate or cash the original check should its whereabouts come to my knowledge and/or possession.

**I further understand that to negotiate or cash the original check may constitute a crime and could subject me to civil and/or criminal prosecution.**

I agree to immediately return the original check to the Payroll Office, should it come into my possession. I further agree to reimburse Prince George's County Public Schools for any loss attributed to my negligence and/or failure to follow the conditions of this stop payment request agreement. I further agree that the amount of such loss will be automatically deducted from any earnings due me.

**Sincerely,**

**Signature:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Witness** \_\_\_\_\_



**Prince George's County Public Schools  
PAYROLL SERVICES DEPARTMENT**

*Signature Required  
FILE COPY KEPT IN SCHOOL FOR 5 YEARS*

## Employee Overtime TRACKING Report

School/Office: \_\_\_\_\_

Payroll Period Ending: \_\_\_\_\_

***Hours Type: Reg Extra Time***

Employee Name <i>Please Print or Type</i>	Employee Assignment Number	Hours Worked	Date Worked	Comments

Time Approver Signature: \_\_\_\_\_

Timekeeper: \_\_\_\_\_

Name: \_\_\_\_\_

Date Entered: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

## **GUIDELINES**

1. Hours worked outside employee's normal scheduled work hours may be entered as overtime.
2. Salaried exempt employees are not eligible to be paid overtime. Teachers are not eligible. If a teacher works outside normal work hours, this must be paid as ELO or ILT depending on tasks done.
3. Fill in the date or dates that the coverage was provided in the column designated for this information. This must be a single date such as 10/16/07 for each line.
4. Provide the number of hours worked each day in the column designated for this information according to the requirements listed below. Enter hours worked for each date worked.
5. Time Approver must review and approve the assignments covered, the dates of the coverage and the hours worked.
6. The document must be kept along with other payroll documents for the pay period and held for period of 5 years.



Prince George's County Public Schools  
PAYROLL SERVICES DEPARTMENT

Signature Required  
FILE COPY KEPT IN SCHOOL FOR 5 YEARS

**Extended Learning Time and Attendance**  
**TRACKING Form Pay to TEACHERS ONLY**

School/Office: \_\_\_\_\_

Payroll Period Ending: \_\_\_\_\_

***Hours Type: Extended Learning Pay Element***

<b>Employee Name</b> <i>Please Print or Type</i>	<b>Employee Assignment Number</b>	<b>Hours Worked</b>	<b>Date Worked</b>	<b>Budget Account Code (31-Character Cost String)</b>	<b>Employee Initials</b>	<b>Date Entered</b>

Name: \_\_\_\_\_

Approval Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_



## **GUIDELINES**

1. This form is to be used to track and approve paid time for teachers working in an Extended Learning Program. This form is to be used as source document for hours payable to Teachers only. The hours are to be entered on the Oracle electronic timecard using the Extended Learning Pay hours type.
2. Individual dates and employees must be reported for each line. Do not group dates or hours on one line. More than one employee can be listed on the form.
3. If a budget code is left blank, the School/Office funds will be used as the default cost string.
4. This form is not to be used to pay any other category of employee working on an ELO program.
5. Teachers may be paid ELO hours for time worked in evenings after normal scheduled work hours or on Saturday's. No Sundays.
6. The rate of pay for extended learning hours is 1/1500 of annual salary.
7. The document must be kept along with other payroll documents for the pay period and held for period of 5 years.



**Prince George's County Public Schools  
PAYROLL SERVICES DEPARTMENT**

*Signature Required Upon Submission  
Email to Payroll Clerk  
FILE COPY KEPT IN SCHOOL FOR 5 YEARS*

## Extended Learning Late Time and Attendance Report for TEACHERS Only

School/Office: \_\_\_\_\_

Payroll Period Ending: \_\_\_\_\_

*Hours Type: Extended Learning Pay Element*

Employee Name <i>Please Print or Type</i>	Employee Assignment Number	Hours Worked	Date Worked	Budget Account Code (31-Character Cost String)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Approval Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# **GUIDELINES**

1. This form is to be used to request pay for time not reported within a past pay period as pay for teachers working in an Extended Learning Program. This form is to be used as source document for hours payable to Teachers only.
2. Individual dates and employees must be reported for each line. Do not group dates or hours on one line. More than one employee can be listed on the form.
3. If a budget code is left blank, the School/Office funds will be used as the default cost string.
4. This form is not to be used to pay any other category of employee working on an ELO program.
5. Teachers may be paid ELO hours for time worked in evenings after normal scheduled work hours or on Saturday's. No Sundays.
6. The rate of pay for extended learning hours is 1/1500 of annual salary.
7. Deliver the Retro Payment Form to Payroll Services via email to your Payroll Clerk.
8. The document must be kept along with other payroll documents for the pay period and held for period of 5 years.

NOTE: If additional lines are needed, please start a new form.



# **GUIDELINES**

1. This form is to be used to request pay for time not reported on timecard for ILT teachers only.
2. Individual dates and employees must be reported for each line. Do not group dates or hours on one line. More than one employee can be listed on the form.
3. If a budget code is left blank, the School/Office funds will be used as the default cost string.
4. This form is not to be used to pay any other category of employee or for any other type of pay to ILT teachers.
5. ILT Teachers may be paid work in full days only on non-duty days or Saturday's. No Sundays and no hours less than full day.
6. ILT days paid per year may not exceed 10 and can be worked from July 1 to June 30 with principal pre-approval.
7. The rate of pay for ILT hours is the employee's regular hourly rate.
8. Deliver the Retro Payment Form to Payroll Services via email to your Payroll Clerk.
9. The document must be kept along with other payroll documents for the pay period and held for period of 5 years.



# **GUIDELINES**

1. Hours worked outside employee's normal scheduled work hours may be entered as overtime.
2. Salaried exempt employees are not eligible to be paid overtime. Teachers are not eligible. If a teacher works outside normal work hours, this must be paid as ELO or ILT depending on tasks done.
3. Fill in the date or dates that the coverage was provided in the column designated for this information. This must be a single date such as 10/16/07 for each line.
4. Provide the number of hours worked each day in the column designated for this information. Enter hours worked for each date worked.
5. Time Approver must review and approve the assignments covered, the dates of the coverage and the hours worked.
6. Deliver the Retro Payment Form to Payroll Services via email to your Payroll Clerk.
7. The document must be kept along with other payroll documents for the pay period and held for period of 5 years.



Prince George's County Public Schools  
PAYROLL SERVICES DEPARTMENT

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**ILT Days TRACKING Report**  
**INSTRUCTIONAL LEAD TEACHERS Only**

School/Office: \_\_\_\_\_

Payroll Period Ending: \_\_\_\_\_

*Hours Type: PGCEA ILT Extra Days*

Employee Name <i>Please Print or Type</i>	Employee Assignment Number	# of Days Worked	Date Worked	Employee Initials	Date Entered

Name: \_\_\_\_\_

Approval Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_



## **GUIDELINES**

1. This form is to be used to track, record and approve time for ILT teachers only. The ILT time tracked on this form will be entered on the Oracle timecard using hours type PGCEA ILT Extra Days.
2. Individual dates and employees must be reported for each line. Do not group dates or hours on one line. More than one employee can be listed on the form.
3. If a budget code is left blank, the School/Office funds will be used as the default cost string.
4. This form is not to be used to pay any other category of employee or for any other type of pay to ILT teachers.
5. ILT Teachers may be paid work in full days only on non-duty days or Saturdays. No Sundays and no hours less than full day.
6. ILT days paid per year may not exceed 10 and can be worked from July 1 to June 30 with principal pre-approval.
7. The rate of pay for ILT hours is the employee's regular rate of pay.
8. The document must be kept along with other payroll documents for the pay period and held for period of 5 years.



Prince George's County Public Schools  
**PAYROLL SERVICES DEPARTMENT**

*Signature Required Upon Submission  
 Email to Payroll Clerk  
 FILE COPY KEPT IN SCHOOL FOR 5 YEARS*

**Late Temporary Hourly Employees'  
 Time and Attendance Report**

School/Office: \_\_\_\_\_

Payroll Period Ending: \_\_\_\_\_

***Hours Type: Time Entry Wages Element***

Employee Name <i>Please Print or Type</i>	Employee Assignment Number	Hours Worked	Date Worked	Comments

Approval Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

\* Individual dates must be reported for each employee.

This form is to be used to request payment for time not reported on Oracle Timecard for temporary, hourly, substitute transportation or substitute food service workers or second assignment positions. This form is not to be used for sub paraprofessional time reporting.

# **DIRECTIONS**

1. A separate Temporary Hourly Employee Time and Attendance Report should be submitted for each pay period. These forms must include the following:
  - a. Employee Name;
  - b. Employee Assignment/Identification Number;
  - c. Hours Worked;
  - d. Date Worked;
2. Fill in the date or dates that the coverage was provided in the column designated for this information. This must be a single date such as 10/16/07 for each line.
3. Provide the number of hours worked each day in the column designated for this information as formatted as 7.5(not 7.3) for 7 and a half hours.
4. Principals must review and approve the assignments covered, the dates of the coverage and the hours worked.
5. Deliver the Retro Payment Form to Payroll Services via email to your Payroll Clerk.
6. The document must be kept along with other payroll documents for the pay period and held for period of 5 years.



Prince George's County Public Schools  
PAYROLL SERVICES DEPARTMENT

*Signature Required Upon Submission  
Email to Payroll Clerk  
FILE COPY KEPT IN SCHOOL FOR 5 YEARS*

**LATE Time Payment Request for ACE AFSCME  
LOCAL 2250 Members (SECRETARIES only)  
Classroom or Nurse Coverage for over 60 minutes**

TO: Payroll Services

Employee Name (print): \_\_\_\_\_ EIN: \_\_\_\_\_

School Name: \_\_\_\_\_

*Hours Type: Local 2250 Secretary Sub Cover*

Coverage For (Teacher Name)		Date(s) Coverage Provided	Hour(s) Coverage Provided
Name	EIN		(Hours must be for each day – not to exceed 6 hours)

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Guidelines**

1. As outlined in the negotiated agreement, secretaries will not be required to substitute for teachers or nurses except in emergency situations and for a limited and reasonable duration. Hours of nurse coverage should only be hours when students are in nurses office and not for full daily hours of the secretary or nurse.
2. Secretaries who sub for teachers or nurses will be paid 50% of their regular hour rate if coverage is for more than one hour.

## ACE AFSCME Local 2250 Members (Secretary) for Teacher or Nurse Coverage

This form is to be used to request payment of late time for classroom or nurse coverage time by a secretary. This form is only to be used if the time was not entered timely on the online timecard. Submit the Retro Payment Forms to Payroll Services. Payment will be done within two pay periods.

### Instructions

The document is designed to report late time for one ACE AFSCME Local 2250 Member (secretary).

1. Fill in the employee name, EIN and school name of the ACE AFSCME Local 2250 Member (secretary) for whom reimbursement is being requested.
2. Fill in the name(s) of the teacher or nurse for whom substitute coverage was provided on the lines provided in the chart. If this is for a vacant position, designate **Vacancy** on the "Coverage For" line.
3. Fill in the date or dates that the coverage was provided in the column designated for this information. This must be a single date such as 10/16/07 for each line.
4. Provide the number of hours worked each day (maximum of 6 hours) in the column designated for this information according to the requirements list below. This is for hours occurring after the first hour (60 minutes). Per union contract, the first hour is not compensable so should not be included in the total hours being entered for payment on this form or on the online timecard.
5. Principals must review and approve the assignments covered, the dates of the coverage and the hours worked.
6. The union contract states:
  - M. School secretaries will not be required to substitute for teachers, **nurses, etc.** except in emergency situations and for a limited and reasonable duration **and will be paid 50% of their hourly rate in addition to their regular hour rate for all time worked over 60 minutes in these situations.**
7. The document must be kept along with other payroll documents for the pay period and held for period of 5 years.
8. Deliver the Retro Payment Form to Payroll Services via email to your Payroll Clerk.



Request for LATE Payment for PGCEA Unit I Members  
(TEACHERS Only) Lunch/Recess Monitor Time

TO: Payroll Services

Hours Type: Monitor Pay PGCEA

School Name: \_\_\_\_\_

Employee Name	EIN	Date Coverage Provided	Total Hours Worked

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guidelines

1. This document is intended to capture hours that may have been worked by Unit I members (teachers) to provide coverage for lunch/recess.
2. Unit members who cover lunch/recess during their planning period will be paid \$20 an hour. This amount is payable in 30 minute increments.

## **PGCEA Unit I Members (Teachers) Lunch/Recess Monitoring Coverage**

Please complete forms for PGCEA Unit I members (teachers) who provided lunch/recess coverage during their planning period. Submit the Retro Payment Forms to Payroll Services. Payment will be done within two pay periods.

### **Instructions**

1. Fill in the employee name, EIN and school name of the PGCEA Unit I member for whom reimbursement is being requested.
2. Provide the date that the coverage was provided in the column designated for this information. This can be a single date such as 10/16/18.
3. Provide the number of hours worked in the column designated for this information according to the requirements:  
  
unit members who cover lunch/recess during their regularly scheduled planning period will be paid \$20 an hour. This amount is payable in 30 minute increments. Round less than 30 minute assignments up to 30 minutes.
4. Principals must review and approve the assignments covered, the dates of the coverage and the hours worked.
5. Deliver the Retro Payment Form to Payroll Services via email to your Payroll Clerk.
6. Per union contract page 9, Section F:

**School Administration will work collaboratively with Unit I members and the Faculty Advisory Council to develop an equitable duty schedule for all staff members for lunch, recess, and other required duties overseeing the student population. Should an unscheduled emergency require that a Unit I member not receive all or a portion of his/her planning time for the purpose of lunch/recess duty coverage, the member will be compensated in addition to their regular pay at the hourly rate of twenty dollars (\$20) in no less than half hour increments for that planning period. This entitlement does not include days where the school 10 system has a delayed opening or early dismissal.**



Prince George's County Public Schools  
PAYROLL SERVICES DEPARTMENT

*Signature Required*  
FILE COPY KEPT IN SCHOOL FOR 5 YEARS

**PGCEA Unit I Members (TEACHERS) Classroom Coverage**  
**Use for Time TRACKING**

Pay Period End Date: \_\_\_\_\_

School Name: \_\_\_\_\_

*Hours Type: PGCEA Substitute Coverage*

Coverage by (Teacher Name)		Coverage For (Teacher Name)		Start and End Time Coverage Provided	Total Hours Worked Per Day	Dates Coverage Provided	Initials	On Time Card
Teacher Name	EIN	Teacher Name	EIN	<i>Example: 7:15 am-12:15 pm &amp; 1:15 pm to 2:15 pm</i>	<i>(Maximum 6 hours each day)</i>		<i>Initials of covered by teacher</i>	

Principal Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Guidelines**

1. This document is intended to capture hours that may have been worked by PGCEA members (teachers) to provide coverage for a class in the absence of a regularly assigned teacher and the unavailability of a substitute teacher. Principals should indicate the name of the absent teacher for which coverage is being provided. If there is a vacant position, please designate vacancy in the "Coverage For" box.
2. PGCEA members (teachers) will be paid \$18 an hour for volunteering, or being assigned to cover/teach a class other than their regularly scheduled class. This amount is payable in 1 hour increments up to a maximum of 6 daily.
3. In the absence of substitute teacher coverage, PGCEA members who receive students from a divided classroom will be paid \$18 an hour. Coverage hours should not be divided amongst teachers.



## **PGCEA Unit I Members (Teachers) Classroom Coverage**

This form should be used to track time which timekeepers will report on a biweekly basis using the OTL Timecards, "PGCEA Substitute Coverage Pay" hours type.

### **Instructions**

The document is designed to submit time for one pay period for PGCEA Unit I members (teachers only) for covering classroom for an absent teacher.

1. Fill in the Pay Period Ending Date and School name at top of form.
2. Fill in the name(s) and employee identification number (EIN) of the teachers who provided classroom coverage. This should be a single line for each date the teacher provided coverage.
3. Fill in the name(s) of the teacher for whom coverage was provided on the lines provided in the form. If this is for a vacant position, designate vacancy on the "Coverage For" space.
4. Provide the start and end times that the coverage was provided for in the column designated for this information.
5. Provide the number of hours worked in the column designated for this information according to the requirements list below.

#### **E. Substituting**

1. Any Unit I member who volunteers or is assigned to cover or teach a class other than their regular scheduled class shall be compensated in addition to their regular pay at the hourly rate of eighteen dollars (\$18.00) payable in no less than one (1) hour increments.
  2. In the event that a unit 1 member is absent and no substitute is available and the principal divides a class between staff members, the unit members to whom the students are assigned shall be compensated in addition to their regular pay at the established long term degreed substitute hourly rate of eighteen dollars (\$18.00) for each Instructional period additional students are assigned to their classroom, payable in no less than onehour increments.
  3. When a Unit I member assigned to a co-taught class is absent and no substitute teacher is available the remaining co-teacher shall be compensated in addition to their regular pay at an hourly rate of eighteen dollars (\$18.00) per each student instructional hour in no less than half hour increments.
6. Provide the date(s) that the coverage was provided for in the column designated for this information.
  7. Each Teacher is required to initial beside the line each day coverage is provided.
  8. These 7 steps should be done daily, and the time entered on the online timecard daily.
  9. Principals must review and approve the assignments covered, the dates of the coverage and the hours worked.
  10. The document must be kept along with other payroll documents for the pay period and held for period of 5 years.



Request for LATE Payment for PGCEA Unit I Members
(TEACHERS) Providing Classroom Coverage

TO: Payroll Services

Teacher Name (print): EIN:

School Name: Hours Type: PGCEA Substitute Coverage

Table with 4 columns: Coverage For (Teacher Name), Teacher Name, EIN, Date(s) Coverage Provided, Total Hours Worked. Includes a shaded cell for date and a note: (Hours must be for each day - not to exceed 6 hours)

Principal Signature: Date:

Guidelines

- 1. This document is intended to capture hours that may have been worked by Unit I members (teachers) to provide coverage for a class in the absence of a regularly assigned teacher and the unavailability of a substitute teacher. Principals should indicate the name and EIN of the absent teacher for whom coverage is being provided.
2. If there is a vacant position, please designate vacancy in the "Coverage For" box.
3. Unit I members (teachers) will be paid \$18 an hour for volunteering, or being assigned to cover/teach a class other than their regularly scheduled class. This amount is payable in 1 hour increments up to maximum of 6 hours per day.
4. In the absence of substitute teacher coverage, unit members who receive students from a divided classroom will be paid \$18 an hour. Coverage hours should not be divided amongst teachers.

## **PGCEA Unit I Members (Teachers) Classroom Coverage**

This form should only be used when time was not entered on the OTL timecard. Submit the Retro Payment Forms to Payroll Services. Payment will be done within two pay periods.

### **Instructions**

The document is designed to submit time for one (1) PGCEA Unit I member (teacher) only.

1. Fill in the employee name, EIN and school name of the PGCEA Unit I member for whom reimbursement is being requested.
2. Fill in the name(s) of the teacher for whom coverage was provided on the lines provided in the form. If this is for a vacant position, designate vacancy on the "Coverage For" line.
3. Provide the date or dates that the coverage was provided in the column designated for this information. This should be a single date for each line.
4. Provide the number of hours worked in the column designated for this information according to the union contract requirements list below.
  - E. Substituting
    1. Any Unit I member who volunteers or is assigned to cover or teach a class other than their regular scheduled class shall be compensated in addition to their regular pay at the hourly rate of eighteen dollars (\$18.00) payable in no less than one (1) hour increments.
    2. In the event that a unit 1 member is absent and no substitute is available and the principal divides a class between staff members, the unit members to whom the students are assigned shall be compensated in addition to their regular pay at the established long term degreed substitute hourly rate of eighteen dollars (\$18.00) for each instructional period additional students are assigned to their classroom, payable in no less than one hour increments.
    3. When a Unit I member assigned to a co-taught class is absent and no substitute teacher is available the remaining co-teacher shall be compensated in addition to their regular pay at an hourly rate of eighteen dollars (\$18) per each student instructional hour in no less than half hour increments.
5. Principals must review and approve the assignments covered, the dates of the coverage and the hours worked.
6. Deliver the Retro Payment Form to Payroll Services via email to your Payroll Clerk.
7. The document must be kept along with other payroll documents for the pay period and held for period of 5 years.



**RESET**

Prince George's County Public Schools  
PAYROLL SERVICES DEPARTMENT

Signature Required  
FILE COPY KEPT IN SCHOOL FOR 5 YEARS

**Substitute Teachers' Time and Attendance Late Report**

(Used only for Late Time or Entry Corrections: **Please email to Bonnie.Tippett@pgcps.org or Fax to 301-952-6088.**)

School/Office: \_\_\_\_\_

School/Office Phone Number: \_\_\_\_\_

Pay Period Ending Date: \_\_\_\_\_

School/Office Fax Number: \_\_\_\_\_

A separate form may be used for each individual date of substitute work.

Employee Name <i>Please Print or Type</i>	Employee Assignment Number	Time Worked (Half/Whole Day)	Teacher's Assignment Number	Specific Date Worked	Check if Date is a Long-term Day	Budget Account Code (31-Character Cost String, See completion instructions)
<b>Total Days</b>						

Timekeeper Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Time Approver Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

This form should be used for payment of substitute teacher assignments only.

Note: If additional lines are needed, please start a new form.

## **Substitute Teacher Payroll Guidelines**

1. Substitute teachers will be paid by entering their time in Aesop so it transfers to the Oracle T&S timecard. Substitute teachers can only be used when students are in attendance unless prior approval is obtained by the HR Employee Support Center office.
2. Schools must run the Aesop substitute sign in sheet daily for Sign-in Procedure by Substitutes. The signed form must be kept on file to document and support timecard entries for 5 years. Time is due midday Monday after pay period ending date. Time entered after deadline but by midday Wednesday after payday, will be paid the Friday after payday.”
3. Substitute teachers can only be paid when substituting for classroom teachers. Substitute teachers cannot be paid for substituting for administrative support employees, paraprofessional employees or any employee except classroom teachers. “
4. Time must be entered in Half or Whole Day Increments. Time should be entered through Aesop and will transfer to the Oracle timecard then validated by timekeeper.

## **Long-term Substitute Payroll Guidelines**

1. When a substitute teacher has worked fifteen (15) consecutive days in the same assignment, a Long-term Substitute Rate will be paid to supplement the Regular Daily Substitute Rate.
2. The Long-term Substitute Rate will begin on the 16th day of substitute service and is not retroactive to the first day of the assignment
3. Breaks in service (i.e. time off for illness or personal reasons, not working, changing locations, and time omitted, etc.) with no Sick & Safe leave after the substitute teacher has worked 15 consecutive days will stop the Long-Term pay and the 15 consecutive day requirement will start over.
4. The Long-term Substitute Rate is calculated automatically by the Oracle Payroll System unless time is omitted (not entered) on the electronic timecard. If time is omitted on the electronic timecard, a long-term break in service will occur and long-term pay stops. Corrections to the regular time entry and the long-term pay entry must be made by immediately submitting the SUBSTITUTE TEACHERS TIME AND ATTENDANCE LATE REPORT.
5. School closure or in-service training days will not cause a break in service.

<b><u>Substitute Teacher Pay Rates</u></b>	<b>Non-Degreed</b>	<b>Degreed</b>	<b>Retired</b>
<b>Regular Daily Substitute Rate</b>	<b>\$86.25</b>	<b>\$102</b>	<b>\$153</b>
<b>Long-term Substitute Rate</b>	<b>\$22.44</b>	<b>\$ 20.40</b>	<b>\$ 25.5</b>

## **Procedure for Submitting Late Time for Time Entered Incorrectly**

Complete and Submit the **Substitute Teacher Time and Attendance Late Report** as follows:

**Employee Name:** Last name, first name

**Employee Assignment Number:** Required for payment. (Verify employee assignment number on employee ID Card.)

**Time Worked:** Record half or whole day, as appropriate.

**Teacher Assignment Number:** Classroom teacher assignment number for whom substitute employee is being used. Substitute teachers can only be used when students are in attendance, unless prior approval is obtained by the Chief Administrator for Human Resources.”

**Specific Date Worked:** Specific date of work is required for payment. Time is being collected on a date specific basis to capture actual dates of service. Do not consolidate dates worked.

**Long-Term Pay:** Check this column if the time omitted day is eligible for long-term pay.

**Budget Account Code:** Required in order for the correct account/budget string to be charged

**Signature:** The Time Approver and Timekeeper must sign and date this document and forward to the Payroll Office in a timely basis.

**The Substitute Teacher Time and Attendance Late Report must include all of the required information as described above. If information is not included, the report will be returned to the school or office for completion. The return of the report will delay the process of the payment to the employee. It can be Faxed to 301.952.6088.**



**Request for LATE Time Payment for ACE AFSCME  
 LOCAL 2250 Members (PARA-PROFESSIONALS)  
 Substitute Teacher Coverage**

TO: Payroll Services

Employee Name (print): \_\_\_\_\_

EIN: \_\_\_\_\_

School Name: \_\_\_\_\_

***Hours Type: Local 2250 Acting Pay***

Coverage For (Teacher Name)		Date(s) Coverage Provided	Hour(s) Coverage Provided
Name	EIN		(Hours must be for each day – not to exceed 6 hours)

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Guidelines**

- As outlined in the negotiated agreement, paraprofessional educators will not be required to substitute for teachers except in emergency situations and for a limited and reasonable duration.
- Paraprofessionals who serve as a substitute teacher (in their normal assigned classroom or another classroom) shall receive an hourly rate equivalent to fifty percent (50%) of the daily substitute teacher rate (degreed or non-degreed). Ex. \$102 per pay divided by 2 = \$51 divided by 7.5 hours = \$6.80 per hour. This amount will be in addition to the Paraprofessional's regular pay and will begin on the first day that the individual provides substitute teacher coverage.

## ACE AFSCME Local 2250 Members (Paraprofessionals) Substitute Teacher

This form should only be used if time is submitted late. Timekeepers should report Substitute Teacher pay for paraprofessionals on a biweekly basis using the OTL Timecards. To report Substitute teacher pay, use the "Local 2250 Acting Pay" hours type. Submit the Retro Payment Forms to Payroll Services. Payment will be done within two pay periods.

### Instructions

The document is designed to submit time for one ACE AFSCME Local 2250 Member (paraprofessional).

1. Fill in the employee name, EIN and school name of the ACE AFSCME Local 2250 Member (paraprofessional) for whom reimbursement is being requested.
2. Fill in the name(s) of the teacher that substitute coverage was provided for on the lines provided in the chart. If this is for a vacant position, designate **Vacancy** on the "Coverage For" line.
3. Provide the date or dates that the coverage was provided in the column designated for this information. This must be a single date such as 10/16/07 for each line.
4. Provide the number of hours worked each day (maximum of 6 hours) in the column designated for this information according to the requirements list below.
5. Principals must review and approve the assignments covered, the dates of the coverage and the hours worked.
6. Deliver the Retro Payment Form to Payroll Services via email to your Payroll Clerk.
7. The Union Contract says:

**I. Paraprofessional educators will not be required to substitute for teachers except in emergency situations for a limited and reasonable duration. Paraprofessionals who serve as a substitute teacher shall receive fifty percent (50%) of the daily substitute teacher rate. This amount will be in addition to the Paraprofessional's regular pay and will begin on the first day that the individual provided substitute teacher coverage.**

8. The document must be kept along with other payroll documents for the pay period and held for period of 5 years.



Prince George's County Public Schools  
PAYROLL SERVICES DEPARTMENT

Signature Required  
FILE COPY KEPT IN SCHOOL FOR 5 YEARS

## Temporary Hourly Employees' Time TRACKING Report

School/Office: \_\_\_\_\_

Employee Assignment Number: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee Job Title: \_\_\_\_\_

*Hours Type: Time Entry Wages Element*

Date Worked	Hours Worked	Start and End Time Worked	Comments

Approval Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Timekeeper: \_\_\_\_\_

Date Entered: \_\_\_\_\_



This form is to be used to track and approve time for temporary, hourly, substitute transportation workers or second assignment positions. The time tracked on this form will be entered on the timecard for the designated day in each pay period.

## **GUIDELINES**

1. A separate Temporary Hourly Employee Time and Attendance Report should be submitted for each temp employee each pay period. These forms must include the following:
  - a. School name, Employee Name and assignment number at top of the form;
  - b. Date worked;
  - c. Hours Worked;
  - d. Start and End times of hours worked and;
2. Fill in the hours worked in the column designated for this information. This must be listed as 7.5 (not 7.3) for 7 and a half hours.
3. Provide the start and end time of the period worked each day for this information as 6:30am to 4:30pm
4. The Comments column must include the paraprofessional's EIN when the time entered is for a sub para.
5. Principals must review and approve the assignments covered, the dates of the coverage and the hours worked.
6. Time must be entered on timecard by timecard deadline.
7. The document must be kept along with other payroll documents for the pay period and held for period of 5 years.



Prince George's County Public Schools  
**PAYROLL SERVICES DEPARTMENT**

*Signature Required Upon Submission*  
*Email to Payroll Clerk*  
**FILE COPY KEPT IN SCHOOL FOR 5 YEARS**

**Substitute Paraprofessional Time and Attendance Late Report**

(Used only for Late Time or Entry Corrections: **FAX to 301.952.6088**)

School/Office: \_\_\_\_\_

School/Office Phone Number: \_\_\_\_\_

Payroll Period Ending: \_\_\_\_\_

School/Office Phone Number: \_\_\_\_\_

*A separate form may be used for each individual date of substitute work.*

Employee Name <i>Please Print or Type</i>	Employee Assignment Number	Hours Worked	Paraprofessional's Assignment Number	Specific Date Worked	Budget Account Code (31-Character Cost String, See completion instructions)
<b>Total Days</b>					

Timekeeper Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Time Approver Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Note: If additional lines are needed, please start a new form.

# **Substitute Paraprofessional Payroll Guidelines**

1. Substitute paras will be paid by entering their time the Oracle T&S timecard.
2. Schools must run the Aesop substitute sign in sheet daily for Sign-in Procedure by Substitutes. The signed form must be kept on file to document and support timecard entries for 5 years. Time is due midday Monday after pay period ending date. Time entered after deadline but by midday Wednesday after payday, will be paid the Friday after payday.
3. Substitute paras can only be paid when substituting for paraprofessionals. Substitute paras cannot be paid for substituting for administrative support employees, teachers or any employee except paraprofessionals.
4. Time must be entered in hour or minute Increments. Time should be entered to the Oracle timecard then validated by timekeeper.

## **Procedure for Submitting Late Time for Time Entered Incorrectly**

Complete and Submit the **Substitute Paraprofessional Time and Attendance Late Report** as follows:

**Employee Name:** Last name, first name

**Employee Assignment Number:** Required for payment. (Verify employee assignment number on employee ID Card.)

**Time Worked:** Record hours or minutes, as appropriate.

**Paraprofessional Assignment Number:** Paraprofessional assignment number for whom substitute employee is being used.

**Specific Date Worked:** Specific date of work is required for payment. Time is being collected on a date specific basis to capture actual dates of service. Do not consolidate dates worked.

**Budget Account Code:** Required to ensure cost is assigned to correct budget string/account number

**Signature:** The Time Approver and Timekeeper must sign and date this document and forward to the Payroll Office in a timely basis.

**The Substitute Paraprofessional Time and Attendance Late Report must include all of the required information as described above. If information is not included, the report will be returned to the school or office for completion. The return of the report will delay the process of the payment to the employee. It can be emailed to the Payroll Clerk or Faxed to 301.952.6088.**

Note: If additional lines are needed, please start a new form.



Prince George's County Public Schools  
**PAYROLL SERVICES DEPARTMENT**

*Signature Required*  
 FILE COPY KEPT IN SCHOOL FOR 5 YEARS

**Time TRACKING Payment for PGCEA Unit I Members  
 (TEACHERS) Lunch Recess Monitor Coverage**

Pay Period End Date: \_\_\_\_\_

School Name: \_\_\_\_\_

***Hours Type: Monitor Pay PGCEA***

Coverage done by <i>(Teacher)</i>		Start and End Time Coverage Provided		Hour(s) Coverage Provided	Dates Coverage Provided	Initials	Entered On Time Card
NAME	EIN	<i>Example: 7:15 am-12:15 pm &amp; 1:15 pm to 2:15 pm</i>		<i>(Hours per day – max 6 hours)</i>		<i>Teacher Initials</i>	

Principal Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Guidelines**

1. This document is intended to capture hours that may have been worked by Unit I members (teachers) to provide coverage for lunch/recess.
2. Unit members who cover lunch/recess during their planning period will be paid \$20 an hour. This amount is payable in 30 minute increments.

## PGCEA Unit I Members (Teachers) Lunch/Recess Monitoring Coverage

Please complete forms for PGCEA Unit I members (teachers) who provided lunch/recess ~~monitor~~ coverage during their planning period. The form is for tracking by pay period and is to be kept at the school.

### Instructions

The document is designed to track time for PGCEA Unit I members (teachers) for a single pay period.

1. Fill in the pay period end date and school name for which time is being tracked.
2. In the first column, fill in employee name and EIN of the PGCEA Unit I member who provided coverage.
3. Provide the start and end times when coverage was provided.
4. Provide the number of hours worked in the column designated for this information according to the requirements list below. This amount is payable in 30 minute increments. Round partial 30 minute half-hour assignments up to the half-hour for each coverage assignment.
5. Provide the date that the coverage was provided in the column designated for this information. This can be a single date such as 10/16/18.
6. Teacher must initial each line each day.
7. These 7 steps should be done daily, and the time entered on the online timecard daily.
8. Principals must review and approve the assignments covered, the dates of the coverage and the hours worked.
9. This type of pay is made pursuant to union contract page 9, Section F:

**School Administration will work collaboratively with Unit I members and the Faculty Advisory Council to develop an equitable duty schedule for all staff members for lunch, recess, and other required duties overseeing the student population. Should an unscheduled emergency require that a Unit I member not receive all or a portion of his/her planning time for the purpose of lunch/recess duty coverage, the member will be compensated in addition to their regular pay at the hourly rate of twenty dollars (\$20) in no less than half hour increments for that planning period. This entitlement does not include days where the school 10 system has a delayed opening or early dismissal.**

10. This document must be kept along with other payroll documents for the pay period and held for period of 5 years.



Prince George's County Public Schools  
**PAYROLL SERVICES DEPARTMENT**

*Signature Required*  
 FILE COPY KEPT IN SCHOOL FOR 5 YEARS

**Time TRACKING for ACE AFSCME LOCAL 2250 Members  
 (PARAPROFESSIONAL Only) Classroom Coverage**

Pay Period End Date: \_\_\_\_\_

School Name: \_\_\_\_\_

*Hours Type: Local 2250 Acting Pay*

Coverage by (Paraprofessional)		Coverage For (Teacher)		Start and End Time Coverage Provided	Total Hours Worked Per Day	Dates Coverage Provided	Initials	Entered On Time Card
Name	EIN	Name	EIN					
				<i>Example: 7:15 am-12:15 pm &amp; 1:15 pm to 2:15 pm</i>	<i>(Maximum 6 hours each day)</i>		<i>Para Professional Initials</i>	

Principal Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Guidelines**

- As outlined in the negotiated agreement, paraprofessional educators will not be required to substitute for teachers except in emergency situations and for a limited and reasonable duration.
- Paraprofessionals who serve as a substitute teacher (in their regular assigned classroom or another classroom) shall receive an hourly rate equivalent to fifty percent (50%) of the daily substitute teacher rate (degreed or non-degreed). Ex. \$102 per pay divided by 2 = \$51 divided by 7.5 hours = \$6.80 per hour. This amount will be in addition to the Paraprofessional's regular pay and will begin on the first day that the individual provides substitute teacher coverage.

## ACE AFSCME Local 2250 Members (Paraprofessionals) covering for Teacher

This form should only be used to track Classroom coverage pay due to paraprofessionals covering for an absent teacher in their own or another classroom. Timekeepers should report classroom coverage pay for paraprofessionals on a biweekly basis on the OTL Timecards using the "Local 2250 Acting Pay" hours type.

### Instructions

The document is designed to track time for ACE AFSCME Local 2250 Members (paraprofessionals).

1. Fill in the Pay Period End Date and school for which time is being reported.
2. Fill in the name and EIN of the paraprofessional who provided classroom coverage. One line per para per day coverage is provided.
3. Fill in the name(s) of the teacher(s) that classroom coverage was provided for on the lines provided in the chart. If this is for a vacant position, designate **Vacancy** on the "Coverage For" line.
4. Provide the date or dates that the coverage was provided in the column designated for this information. This must be a single date such as 10/16/07 for each line.
5. Enter the start and end times of the hours worked each day coverage is provided.
6. Provide the number of hours worked each day (maximum of 6 hours) in the column designated for this information according to the requirements list below.
7. Para must initial each line each day
8. Timekeeper checks off "On Time Card" column once the time has been entered on the Oracle Online Timecard.
9. These 7 steps should be done daily, and the time entered on the online timecard daily.
10. Principals must review and approve the assignments covered, the dates of the coverage and the hours worked.
11. The union contract says:
  - I. **Paraprofessional educators will not be required to substitute for teachers except in emergency situations and for a limited and reasonable duration. Paraprofessionals who serve as a substitute teacher shall receive fifty percent (50%) of the daily substitute teacher rate. This amount will be in addition to the Paraprofessional's regular pay and will begin on the first day that the individual provides substitute teacher coverage.**
12. The document must be kept along with other payroll documents for the pay period and held for period of 5 years.



Prince George's County Public Schools  
**PAYROLL SERVICES DEPARTMENT**

Signature Required  
 FILE COPY KEPT IN SCHOOL FOR 5 YEARS

**Time TRACKING for ACE AFSCME LOCAL 2250 Members  
 (SECRETARIES only) Classroom or Nurse Coverage over 60 minutes**

Pay Period End Date: \_\_\_\_\_

School Name: \_\_\_\_\_

*Hours Type: Local 2250 Secretary Sub Coverage*

Coverage by (Secretary)		Coverage For (Teacher or Nurse)		Start and End Time Coverage Provided	Total Hours Worked Per Day	Dates Coverage Provided	Initials	Entered On Time Card
NAME	EIN	NAME	EIN	<i>Example: 7:15 am-12:15 pm &amp; 1:15 pm to 2:15 pm</i>	<i>(Maximum 6 hours each day)</i>		<i>Secretary Initials</i>	

Principal Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Guidelines**

1. As outlined in the negotiated agreement, secretaries will not be required to substitute for teachers or nurses except in emergency situations and for a limited and reasonable duration.
2. Hours of nurse coverage should only be hours when students are in nurses office and not for full daily hours of the secretary or nurse.
3. Secretaries who sub for teachers or nurses will be paid 50% of their regular hour rate for all time over 60 minutes.



## ACE AFSCME Local 2250 Members (Secretary) for Teacher or Nurse Coverage

This form should be used to track classroom or nurse coverage hours worked by a secretary. Timekeepers should report Nurse or Teacher coverage pay for secretaries on a biweekly basis on the OTL Timecard using hours type "Local 2250 Secretary Sub Cover."

### Instructions

This document is designed to track time for ACE AFSCME Local 2250 Members (secretary).

1. Fill in the pay period ending date and school name at the top of the form.
2. Fill in the name(s) of the secretary covering for teacher or nurse. One line per secretary per day.
3. Fill in the name(s) of the teacher or nurse for whom substitute coverage was provided on the appropriate line in the chart. If this is for a vacant position, designate **Vacancy** on the "Coverage For" line.
4. Fill in the start and end time of the hours for which coverage was provided for each day.
5. Provide the number of hours worked each day (maximum of 6 hours) in the column designated for this information according to the requirements list below. This is for hours occurring after the first hour(60 minutes). Per union contract, the first hour is not compensable so should not be included in the total hours being entered for payment on this form or on the online timecard.
6. Fill in the date or dates that the coverage was provided in the column designated for this information. This must be a single date such as 10/16/07 for each line.
7. Secretary must initial each line each day
8. These 7 steps should be done daily, and the time entered on the online timecard daily.
9. Principals must review and approve the assignments covered, the dates of the coverage and the hours worked.
10. The union contract says:
  - M. School secretaries will not be required to substitute for teachers, **nurses, etc.** except in emergency situations and for a limited and reasonable duration **and will be paid 50% of their hourly rate in addition to their regular hour rate for all time worked over 60 minutes in these situations.**
12. The document must be kept along with other payroll documents for the pay period and held for period of 5 years.

Prince George's County Public Schools  
Payroll Office • Room 132  
14201 School Lane • Upper Marlboro • MD • 20772

## REQUEST OF DUPLICATE W-2 FORM

Date \_\_\_\_\_

Employee Name \_\_\_\_\_

SSN# \_\_\_\_\_

DUPLICATE FOR TAX YEAR: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(You may request up to 3 W-2s at one time; for more than 3 W-2s, you must have a request from a Legal Representative or a Court Order.)

### Delivery Method (pick one and provide necessary information):

Pick up Phone # \_\_\_\_\_

-----  
Mail Address: \_\_\_\_\_

-----  
Pony Work Location: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Forms can be faxed (301-952-6088), hand delivered, or mailed to the Payroll Office.  
There is a 48 hour turn around after receipt of request.

PRINCE GEORGE'S COUNTY PUBLIC SCHOOLS  
**Request for Leave Form**  
Temporary and Substitute Employees

Payroll Services Fax 301-952-6088

Email [payroll.benefits@pgcps.org](mailto:payroll.benefits@pgcps.org)

This form must be completed for Sick and Safe leave by temporary and substitute employees. Completed forms are to be submitted to direct supervisor. Substitute Teachers and Substitute Paraprofessionals are to submit forms via fax or email directly to Payroll Services. **Sub Teachers and Sub Paras need to include Frontline confirmation number on form and please remove self from the job assignment in Frontline.** A copy of the form will be returned to the individual requesting leave and the original will be retained by the Timekeeper. This form will be completed at least 3 days in advance of the requested leave date except where emergency conditions prevent such action. If you are taking a half day, please indicate A.M. or P.M.

Sick and Safe leave at PGCPS is administered in accordance with the Maryland State law. The law requires that temporary or substitute employees who work more than 12 hours per week accrue/earn 1 hour for every 30 hours worked. Employees may accrue up to 40 hours per school year. 24 hours may be carried over to the next school year for a maximum of 64 hours. The law requires that accrual begin based on hours worked starting February 11, 2018. Additional information is on the back of this form.

Name: \_\_\_\_\_ EIN: \_\_\_\_\_

Position/Location: \_\_\_\_\_

Confirmation #: \_\_\_\_\_

Day(s)/Date(s) Leave Requested: \_\_\_\_\_ Through \_\_\_\_\_  
(Month) (Day) (Year) (Month) (Day) (Year)

**NUMBER OF HOURS REQUESTED**

**SICK AND SAFE  
LEAVE HOURS**

LEAVE REASON/COMMENTS: *(Employee)*

\_\_\_\_\_  
\_\_\_\_\_

*Signature of Employee*

*Date*

Approval       Disapproval

COMMENTS: *(Leave Granting Authority)*

\_\_\_\_\_  
\_\_\_\_\_

*Signature of Leave Granting Authority*

*Date*

## Leave Usage

- ❖ An employee is allowed to use earned sick and safe leave under the following conditions:
  - To care for or treat the employee's mental or physical illness, injury, or condition;
  - To obtain preventative medical care for the employee or the employee's family member;
  - To care for a family member with a mental or physical illness, injury, or condition;
  - For maternity or paternity leave; or
  - For absence from work necessary due to domestic violence, sexual assault, or stalking committed against the employee or the employee's family member and the leave is being used: (1) to obtain medical or mental health attention; (2) to obtain services from a victim services organization; (3) for legal services or proceedings; or (4) because the employee has temporarily relocated as a result of the domestic violence, sexual assault, or stalking.
- ❖ Substitute teachers and substitute paras may only use sick and safe leave for days on which they have a prior accepted assignment in Aesop.
- ❖ For purposes of this leave, a family member includes a spouse, child, parent, grandparent, grandchild, or sibling.
- ❖ Employees are permitted to use earned sick and safe leave in hourly increments.
- ❖ Employee groups who are eligible:
  - Interpreters
  - Home & Hospital
  - Temp assignments
  - Sub Bus Drivers
  - Sub Food Service Workers
  - Sub Security
  - Evening HS
  - Sub Teachers
  - Sub Paraprofessionals
  - Dedicated Aides(DAs)
- ❖ Coaches - not eligible to earn or use sick and safe leave
- ❖ Employees who already earn leave on a regular assignment will not be eligible to earn sick and safe leave at any time
- ❖ Sick and Safe leave at PGCPs is administered in accordance with the Maryland State law. The law requires that temporary or substitute employees who work more than 12 hours per week accrue/earn 1 hour for every 30 hours worked. Employees may accrue up to 40 hours per fiscal year. 24 hours may be carried over to the next school for maximum of 64 hours. **Per law the accrual began based on hours worked starting from February 11, 2018.**
  - Ex. Employee was hired Feb 12 worked 12 hours per week every week thereafter
  - Week 1 = 12, total = 12
  - Week 2 = 12, total = 24
  - Week 3 = 12, total = 36, employee accrues 1 hour of leave for 30 hours worked
  - Week 15 total = 180 hours worked means 6 hours earned
  - May 29, employee has been employed for 106 days so this employee may use sick and safe accrued leave
- ❖ Please review the link for MD Sick and Safe leave information: <https://www.dllr.state.md.us/paidleave/paidleaveposter.shtml>
- ❖ These rules are subject to change by employer or Maryland state.



**Prince George's County Public Schools  
PAYROLL SERVICES DEPARTMENT**

**SPED SUBSTITUTE TEACHER COVERAGE PER KIRWAN COMMISSION FUNDS GRANT**

School Name: \_\_\_\_\_

Pay Period End Date: \_\_\_\_\_

Substitute Teacher or Paraprofessional Name <i>Please Print or Type</i>	Sub Teacher or Para Assignment Number	PLEASE CHECK ONE	SPED Teacher Name <i>Please Print or Type</i>	SPED Teacher Assignment Number	Specific Date Worked	Time Worked (Half/Whole Day)
		<input type="checkbox"/> SUB <input type="checkbox"/> PARA				
		<input type="checkbox"/> SUB <input type="checkbox"/> PARA				
		<input type="checkbox"/> SUB <input type="checkbox"/> PARA				
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		<input type="checkbox"/> SUB <input type="checkbox"/> PARA				
		<input type="checkbox"/> SUB <input type="checkbox"/> PARA				

Time Approver Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

# SPED SUBSTITUTE TEACHER COVERAGE PER KIRWAN COMMISSION FUNDS GRANT

This form should only be used for substitute teacher payment request for SPED teacher IEP 5 days per year. For the pay period, include all SPED teachers who used one or more of their IEP days as allowed per contract and grant. Timekeepers should report Substitute Teacher days to Payroll Supervisors and Director by Monday midday Sub Timecard due date.

## PGCEA Contract: Article 7 – Teacher Assignment, paragraph M:

Special Education teachers will be released from teaching and other duties at least five (5) days per school year to work on paperwork/ IEP compliance at their work location. These days will be scheduled through agreement between the teacher and principal with no more than two (2) occurring in any one quarter. Teacher requests for the placement of these days will not be unreasonably denied. Substitutes shall be provided to cover any teaching or co-teaching assignments. 1. Agreed upon release time shall be in addition to any other school district provided leave or preparation time. 2. To the extent possible, employees shall have access to computers, printers, software and all other appropriate materials necessary to complete IEP's.

### Instructions

1. Fill in the school name and pay period end date.
2. Fill in the name(s) and EIN(s) of the substitute teacher(s) who provided coverage and SPED teacher(s) that substitute coverage was provided for on the lines provided in the chart.
3. Please check box to indicate if sub teacher or paraprofessional covered for the SPED teacher.
4. Fill in the date(s) that the coverage was provided in the column designated for this information. This must be a single date such as 10/16/07 for each line.
5. Indicate if the time worked was whole or half day
6. Principals must review and approve the assignments covered, the dates of the coverage and the times worked.
7. The document must be kept along with other payroll documents for the pay period and held for period of 5 years.



Prince George's County Public Schools  
 PAYROLL SERVICES DEPARTMENT

Signature Required Upon Submission  
 FAX TO: 301-952-6088  
 FILE COPY KEPT IN SCHOOL

**Request for Omitted (Late) Leave Hours**

**\*\*Use for Omitted (Late) Time or Time Correction Reporting ONLY\*\***

To: Payroll Services

Pay Period End Date: \_\_\_\_\_

Date form is being signed: \_\_\_\_\_

School Name: \_\_\_\_\_

Leave for (Employee Name)		Date(s) Leave Charged	New Leave Date(s)	Type of Leave previously charged	Hours of Leave previously charged	Type of Leave to be charged	Other Leave Reason	Hours of Leave to be charged
Employee Name	EIN							
Jane Doe	12345	02-Jan-2020	03-Jan-2020	Sick	3.75	Other	Bereavement	7.5

Principal Signature: \_\_\_\_\_

Date form is being signed: \_\_\_\_\_

## Request for Omitted (Late) Leave Hours

This form should only be used for leave time correction or when leave time was not entered on the OTL timecard.

### Instructions

The document is designed to submit time for one school only and one pay period only.

1. Fill in the date form is being completed, Pay Period End date, school name.
2. Fill in the name and employee number (EIN) of the employee for whom leave is being changed.
3. Provide the date on which leave was originally charged. This should be a single date for each line.
4. Provide the new leave date. If leave date is not being changed enter "N/A" in column.
5. Provide the type of leave which was originally charged on the date given on this line.
6. Provide the number of hours of leave originally charged on the date given on this line.
7. Provide the new type of leave to be charged. If leave type is not being changed enter "N/A".
8. If the new leave type is Other, please enter the leave reason. If leave is FMLA approved, please enter FMLA in leave reason. For all other leave types, reason is optional.
9. Provide the number of hours of leave to be charged for the date indicated on this line.
10. The principal/time approver must approve all changes by signature and date of signature given at the bottom of the form.
11. Email completed forms to payroll clerk in Payroll Services
12. The document must be kept along with other payroll documents for the pay period and held for period of 5 years.