

# ADOA PUBLIC SAFETY OFFICERS' SUPPLEMENTAL BENEFIT PLAN

April 4, 2013

**GAO**  
General Accounting Office



# AUTHORITATIVE SOURCE

- ARS §38-961 “...Public Safety employee on a full time basis...who is injured while on duty to the extent they cannot perform the functions of the position....become eligible for the supplemental benefits plan.”
  - Qualification: Must be receiving Worker’s Compensation due to a physical injury for 30 days and must apply for this Supplemental Benefit Plan
  - Pay: In addition to the benefits being paid by Worker’s Compensation Fund, up to the approximately identical base salary
  - Insurance: EE pays their share, ER pays their share
  - Retirement: ER pays EE & ER shares
  - Leave Accrual: Shall not accrue additional sick or annual
  - Leave Usage: Account(s) shall not be decreased
  - Disciplinary: Not precluded
  - Duration: Initial 6 months, possible 6 month extension; 1 year max

# REQUEST FOR ENROLLMENT

- EE is injured
- Agency HR sends injured EE Policy & Application
- EE submits application to Agency HR
- Agency HR requests confirmation from Risk Mgt of Initial Primary Diagnosis and that EE is receiving Workers Comp
- Agency HR denies/approves the EE for Supplemental Benefits Plan
  - Send copies of denial/approval to ADOA Benefits & Risk Mgt

# OUTCOME OF REQUEST FOR ENROLLMENT

## ○ If Enrollment Denied

- Agency HR notifies employee by sending information regarding appeal process
- Agency HR copies Industrial Commission (ICA) of denial notifications
- All Appeals handled by Industrial Commission (ICA)

## ○ If Enrollment Approved

- Approved Form sent to Agency HR, Agency PR, ADOA Benefits
- Agency HR performs Personnel Actions (PA – XP52) to update the employee's HRIS record
  - Update retirement code - use 1st day eligible as Effective Date
    - Automatically opens the LP Plan – Industrial - Supplemental
- Agency PR adds hours to the LP Plan – LP70
  - Agency PR manually loads 1,040 hours for first 6 month approval ( $2,080/2 = 1,040$ )
  - Agency PR manually loads additional 1,040 hours if EE granted 6 month extension
- Agency HR notifies PR that the Industrial is or is not FMLA so correct pay code can be used (632 or 632F)
- Agency HR notifies Risk Mgt of any changes throughout duration of leave
  - i.e. **Any** changes to Transitional Work Assignment (TWA) or modified duty, separation, transfer, refusal to accept TWA, modified work or regular work.

# ADOA SUPPLEMENTAL BENEFIT PLAN

## SHORT SUMMARY OF TASKS

### Agency Human Resources

- Update Retirement Code to SX equivalent (see codes on next slide)
- Notify PR if leave is FMLA or not
- Notify Risk Mgt and PR of any changes immediately
  - TWA, modified duty, separation, transfer, refusal to accept modified duty, etc.
- Monitor each payroll

### Agency Payroll

- Verify Retirement change is correct – HR11
- Verify dates of Supplemental Industrial Leave Plan
  - Add Hours to LP Plan
- Ensure time records after date of eligibility are appropriate
- Wait/check for Notice of Claim Status from Risk Mgt
  - Risk sends every time a payment is made
- Complete benefit calculator
- Generate payment(s)
- Monitor each payroll

# SUPPLEMENTAL BENEFIT PLAN RETIREMENT CODES

## RETIREMENT PLAN DEDUCTIONS

CODE	CORP	RETIREMENT PLAN	EMPLOYER	
			DED	
			CODE	RATE
S0	CORP	SUPP BENEFIT - CORRECTIONS	7964	19.55%
S2	CORP	SUPP BENEFIT - JUVENILE CORRECTIONS	7966	20.71%
S4	PSRS	SUPP BENEFIT - PUBLIC SAFETY	7970	53.26%
S5	PSRS	SUPP BENEFIT - GAME & FISH	7972	60.09%
S6	PSRS	SUPP BENEFIT - AG INVESTIGATORS	7974	145.59%
S7	PSRS	SUPP BENEFIT - FIRE FIGHTERS	7976	30.09%
SB	PSRS	SUPP BENEFIT - LIQUOR CONTROL OFFICER	7978	56.54%
SF	PSRS	SUPP BENEFIT - STATE PARKS	7980	34.71%
SG	PSRS	SUPP BENEFIT - PUBLIC SAFETY DISPATCHERS	7968	15.89%
SJ	CORP	SUPP BENEFIT - PUBLIC SAFETY DETENTION OFFICERS	7982	13.41%

- These rates are effective 7/1/12
- Rates may be updated each fiscal year

# VERIFY RETIREMENT PLAN CODE & DEDUCTION CODE EFFECTIVE DATE



Employee (HR11.1)

» < Previous ? Inquire ▶ Next | Inquire ▾

Company  STATE OF ARIZONA

Employee

FC	Type	Field Name	Value	Description
<input type="checkbox"/>	Alpha	ANNUAL LEAVE PLAN	LPANCV1	LP ANN COVERED
<input type="checkbox"/>	Alpha	CASH/COMP	EITHER	EE ACCEPTS COM
<input type="checkbox"/>	Alpha	CURRENT ASRS MEMBE	N	NOT CURRENT AS
<input type="checkbox"/>	Date	ORIG STATE HIRE DA	06/30/2003	
<input type="checkbox"/>	Alpha	RETIREMENT CODE	S0	SUPP BENE - CO

The Retirement Code must be SX

The effective date of the retirement deduction should be the 1<sup>st</sup> Day Eligible which will create the deduction effective date

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**DRILL EXPLORER**

- Salary History
- Position, Job History
- Created Payments
- Payments
- Deductions

Code	Payment Desc	Description	Begin	End
7902	CORP ER	RETIRE - CORP DOC - ER	07/01/2010	06/30/2011
7902	CORP ER	RETIRE - CORP DOC - ER	07/01/2011	06/30/2012
7902	CORP ER	RETIRE - CORP DOC - ER	07/01/2012	01/04/2013
7964	SUP-CORP	RETIRE - SUPP BENE - CORP	01/04/2013	

# VERIFY SUPPLEMENTAL INDUSTRIAL LEAVE PLAN & DEDUCTION CODE EFFECTIVE DATE



## Employee Absence Plan Master (LP31.1)

Company  STATE OF ARIZONA  
 Employee   
 Absence Plan  INDUSTRIAL  
 Structure Group  LP IN INDUSTRIAL-SUPPLEMENTAL  
 Position

Master Entry   
 Accrual End   
 Master End   
 Master Override

The Master Entry Date should be the 1<sup>st</sup> Day Eligible. This date should tie to the benefit calculator. It must be 30 days from the date of injury, they must be covered by WC, and they must have applied for the program. This will allow time records to correctly post.



## Employee Transaction Detail Balance Inquiry (LP64.3)

Company  STATE OF ARIZONA  
 Employee   
 Absence Plan  INDUSTRIAL  
 Structure Group  LP IN INDUSTRIAL-SUPPLEMENTAL  
 Position   
 Accrual Type  Hours Position To

Date	St	Transaction Type	Cycle or Hrs	Amount	Balance
01/18/2013	9	3 pssb add hours ls 3-25-13		1040.000000	1040.0000000

Once the LP Plan is setup, use LP70 to enter the 1,040 eligible hours. If an extension is granted, you will add another 1,040.

# PAYMENT DETAILS FROM RISK MANAGEMENT

- Risk Management will send a Notice of Claim Status for the payments they generated for employees
- Important Items to Note:
  - Pay cycle is different than payroll
    - State pays for 14 consecutive days, every 2 weeks on a set schedule
    - Risk pays for 14 consecutive days, but employees can be on different schedules
  - Benefit Amount is calculated differently
    - State only pays Supplemental Benefit on Base Pay
    - Risk includes overtime, stipends etc. in their calculation
      - Risk also allocates pay every day including days not normally scheduled to work
- Once the Notice of Claim Status is received from Risk Mgt, Agency PR can complete the Supplemental Benefit Calculator

# SUPPLEMENTAL BENEFIT CALCULATOR



## ADOA Supplemental Benefit Plan

Enter Data in Green Cells

Employee Name:

Agency:

Date:

Employee ID Number (EIN)

Date of Injury:

Employee Pay Rate at time of injury

Date Applied for ADOA Supplemental Program

Typical Scheduled Hours per Day

First Day Eligible for ADOA Supplemental Program\* 1/30/1900

Enter Typical 1st Day Off (ie Sun)

(\*Must be: 30 days from date of injury, covered by WC, and must apply to program)

Enter Typical 2nd Day Off (ie Sat)

Last Day paid by Workers Comp: 1/0/1900

Enter Typical 3rd Day Off (if any)

Total Days covered by ADOA Supplemental Program (30)

Regular working days covered by ADOA Supplemental Program 1

### WORKERS COMPENSATION SUMMARY

Period Begin	Period End	Amount Paid	Date Paid

Workers Compensation Payment #1  
 Workers Compensation Payment #2  
 Workers Compensation Payment #3  
 Workers Compensation Payment #4  
 Workers Compensation Payment #5  
 Workers Compensation Payment #6  
 Workers Compensation Payment #7  
 Workers Compensation Payment #8

Gray cells are calculated based on green cell entries

**TOTAL PAID by Workers Compensation:**

**\$0.00**

(Some payments paid before period of ADOA Supplemental Plan eligibility)

# EMPLOYEE PAY/SCHEDULE DATA

Employee ID Number (EIN)	123456
Employee Pay Rate at time of injury	\$20.4040
Typical Scheduled Hours per Day	8.0
Enter Typical 1st Day Off (ie Sun)	Fri
Enter Typical 2nd Day Off (ie Sat)	Sat
Enter Typical 3rd Day Off (if any)	

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**DRILL EXPLORER**

- Assignment
- Pay Information
- Work Information
- Supplemental Address
- Employee Home Address
- Employee Attachment E-mail
- Career Action Plan
- Employee Dates
- Wage Analysis
- Tax Information
- Pay Edits
- Benefit Criteria
- Positions, Jobs
- Personnel Action History
- Salary History
- Position, Job History

Effective	Rate
08/07/2010	20.4040
05/19/2010	18.7090
05/19/2009	18.3485
05/19/2008	18.0083
06/30/2007	17.6686
05/19/2007	17.1540
07/01/2006	16.8338
05/19/2006	15.4188
03/11/2006	15.1087
07/02/2005	14.3154
05/19/2005	13.6375
07/01/2004	13.0476
05/19/2004	12.5668
05/19/2003	11.9971

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**DRILL EXPLORER**

- Assignment
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- Employee Home Address
- Employee Attachment E-mail
- Career Action Plan
- Employee Dates
- Wage Analysis
- Tax Information
- Pay Edits
- Benefit Criteria

Name:  
 Preferred Name:  
 Status: C1 UNCOVERED FT

Process Level: DC24D DC-OFNDR OPS-ASPC-DOUGLAS  
 Department: 24DL0 OO-DOU-MOHAVE SECURITY  
 Work Country: US  
 User Level: DCDA-24 ASPC DOUGLAS  
 Position: SDC000003309 CORRL SERGEANT  
 Job Code: AUN08311 CORRL SGT  
 Supervisor: DC24D90111 CORRL LIEUTENANT

Indirect Supv:  
 Location: PAYROLL ADOA MAIN PAYROLL  
 Union:  
 Bargaining Unit:

Work Schedule: 8 HR SU-TH 8 HR DAY SU-TH



**PUBLIC SAFETY OFFICER BENEFIT PLAN  
APPLICATION FOR BENEFITS**

<b>Application Type</b> <input type="checkbox"/> Initial <input type="checkbox"/> Extension	<b>Application for Benefits</b> <ul style="list-style-type: none"> <li>• Be sure to answer all questions</li> <li>• Please type or print</li> <li>• Return form to your employer</li> </ul>	<b>This form must be returned to your agency's Human Resource Department for completion.</b>
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**THIS SECTION TO BE COMPLETED BY THE EMPLOYEE**

1. Full name of employee <i>(Please print)</i>	2. EIN	3. Agency
4. Position	5. Date of Injury	
6. Description of Injury		
7. Date of Worker's Compensation Eligibility Determination		

**Employee Responsibilities**

- I have received and understand the eligibility guidelines for this benefit.
- I will report to my employer any changes to my eligibility status for this benefit.
- I will comply with any requests for information pertaining to this benefit from ADOA Risk Management and/or Benefit Services Divisions.
- I authorize my agency, and ADOA Risk Management and Benefit Services Divisions to discuss any pertinent information relative to my eligibility for this benefit.

**Certification Statement:** I certify that the information given on this application is true and accurate to the best of my knowledge and belief. I understand that such information is subject to verification and I further realize that falsified or fraudulent information may result in the rejection of this application, subsequent termination from the SBP program, or prosecution under the law.

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

**THIS SECTION TO BE COMPLETED BY THE EMPLOYER – Do not write below this grey line**

1. Employee Base Salary	2. Amount of Worker's Compensation Benefit
3. First Date of Absence Due to Injury	4. Date Application Received by Employer

**Employer Responsibilities**

- I have verified that the employee was employed by my agency at the time of this injury.
- I have verified the employee was on duty on the date of this injury, and that the injury occurred in the line of duty.
- I have verified that the employee has been absent from duty for 30 consecutive calendar days due to this injury.
- I have verified with ADOA Risk Management that this injury meets the guidelines for this benefit.
- I have verified that the employee meets all eligibility criteria for this benefit.
- I will forward a copy of the approved application to both ADOA Risk Management and ADOA Benefit Services Division.

Name of Agency Representative: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Signature of Agency Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**Copy of Approved Application Must be Sent to both:**

- ADOA Benefit Services Division, 100 N. 15<sup>th</sup> Ave, Suite 103, Phoenix, AZ 85007
- ADOA Risk Management, Worker's Compensation, 100 N. 15<sup>th</sup> Ave, Suite 301, Phoenix, AZ 85007

# WORKERS COMPENSATION SUMMARY

## NOTICE OF CLAIM STATUS

Carrier or Self-Insured Name and Address The State of Arizona DOA Risk Management 100 N 15th Ave, Suite 301 Phoenix, AZ 85007	ICA Claim #: _____ Soc. Sec. #: _____ Carrier Claim #: _____ STATE OF ARIZONA CORRECTIONS, DEPT OF Employer Name: _____ Employer Address: _____ Date of Injury <u>10/25/2012</u>
Injured Worker's Name and Address	
<input checked="" type="checkbox"/> 1. Claim is accepted for benefits by The State of Arizona . <input type="checkbox"/> 2. Claim is denied by The State of Arizona. <input type="checkbox"/> 3. No compensation paid because no time was lost from work in excess of seven (7) days attributable to this injury <input checked="" type="checkbox"/> 4. Enclosed check for \$ <u>1193.92</u> covers time lost, commencing <u>2/6/2013</u> through <u>2/19/2013</u> (7 days have been deducted if less than 14 calendar days lost). Payment has been made based on 66-2/3% of the wage of \$ <u>1790.79</u> based on the following: <input type="checkbox"/> A. Statutory minimum or estimated monthly wage pending determination of Average Monthly Wage within 30 days. <input checked="" type="checkbox"/> B. Average monthly wage at time of injury (see attached calculation), subject to final determination by the Industrial Commission of Arizona within 30 days. <input type="checkbox"/> 5. Temporary compensation changed to 66-2/3% of the difference between average monthly wage before injury and the wage claimant is able to earn after date of release for work, effective _____. <input type="checkbox"/> 6. Temporary compensation and active medical treatment terminated on _____ because claimant was discharged. <input type="checkbox"/> 7. Injury resulted in no permanent disability. <input type="checkbox"/> 8. Injury resulted in permanent disability. (Amount of permanent benefits, if any and supportive medical maintenance benefits, if any, will be authorized by subsequent Notice.) <input type="checkbox"/> 9. Petition to Reopen accepted for benefits by The State of Arizona . <input type="checkbox"/> 10. Petition to Reopen denied for benefits by The State of Arizona .	

- Notice of Claim Status sent to Agency PR by Risk Mgt
  - Must be listed in sequential order with no gaps in dates
- Period Begin: Used for the 1st Day Eligible date calculation. Used for time record date range.
- Period End: Used for the time record date range
- Amount Paid: Total amount paid by Risk Mgt. Used for calculation of daily rate and conversion to the Amount to be Paid by the Agency
- Date Paid: Date Risk Mgt issued the payment. Used for tracking payments & supplements

WORKERS COMPENSATION SUMMARY	Period Begin	Period End	Amount Paid	Date Paid
Workers Compensation Payment #1	2/6/2013	2/19/2013	\$1,193.92	2/15/2013
Workers Compensation Payment #2				
Workers Compensation Payment #3				
Workers Compensation Payment #4				
Workers Compensation Payment #5				
Workers Compensation Payment #6				
Workers Compensation Payment #7				
Workers Compensation Payment #8				
<b>TOTAL PAID by Workers Compensation:</b>			<b>\$1,193.92</b>	
<b>DAILY ADOA SUPPLEMENTAL BENEFIT CALCULATION</b>				

Employee ID Number (EIN)	123456	Date of Injury:	10/25/2012
Employee Pay Rate at time of injury	\$20.4040	Date Applied for ADOA Supplemental Program	10/25/2012
Typical Scheduled Hours per Day	8.0	First Day Eligible for ADOA Supplemental Program*	2/6/2013
Enter Typical 1st Day Off (ie Sun)	Fri	(*Must be: 30 days from date of injury, covered by WC, and must apply to program)	
Enter Typical 2nd Day Off (ie Sat)	Sat	Last Day paid by Workers Comp:	2/19/2013
Enter Typical 3rd Day Off (if any)		Total Days covered by ADOA Supplemental Program	13
		Regular working days covered by ADOA Supplemental Program	10

**WORKERS COMPENSATION SUMMARY**

	Period Begin	Period End	Amount Paid	Date Paid
Workers Compensation Payment #1	2/6/2013	2/19/2013	\$1,193.92	2/15/2013
Workers Compensation Payment #2				
Workers Compensation Payment #3				
Workers Compensation Payment #4				
Workers Compensation Payment #5				
Workers Compensation Payment #6				
Workers Compensation Payment #7				
Workers Compensation Payment #8				

**TOTAL PAID by Workers Compensation: \$1,193.92**

**DAILY ADOA SUPPLEMENTAL BENEFIT CALCULATION**

Date	Day				RECORD TO PAYCODE 501			RECORD TO PAYCODE 632 OR 632F		
		REGULAR HOURS typically would have worked	BASE PAY typically would have earned	WORKERS COMP PAYMENTS PAID DURING SAME TIME	WC HOURS to be recorded in HRIS	WC RATE	WC WAGES already paid to be recorded in HRIS	STATE HOURS still owed	Applicable Override Rate	STATE WAGES still owed
2/6/2013	Wed	8.0	\$ 163.23	\$ 85.28	5.3	22.5264	\$ 119.39	2.7	16.2370	\$ 43.84
2/7/2013	Thu	8.0	\$ 163.23	\$ 85.28	5.3	22.5264	\$ 119.39	2.7	16.2370	\$ 43.84
2/8/2013	Fri			\$ 85.28						
2/9/2013	Sat			\$ 85.28						
2/10/2013	Sun	8.0	\$ 163.23	\$ 85.28	5.3	22.5264	\$ 119.39	2.7	16.2370	\$ 43.84
2/11/2013	Mon	8.0	\$ 163.23	\$ 85.28	5.3	22.5264	\$ 119.39	2.7	16.2370	\$ 43.84
2/12/2013	Tue	8.0	\$ 163.23	\$ 85.28	5.3	22.5264	\$ 119.39	2.7	16.2370	\$ 43.84
2/13/2013	Wed	8.0	\$ 163.23	\$ 85.28	5.3	22.5264	\$ 119.39	2.7	16.2370	\$ 43.84
2/14/2013	Thu	8.0	\$ 163.23	\$ 85.28	5.3	22.5264	\$ 119.39	2.7	16.2370	\$ 43.84
2/15/2013	Fri			\$ 85.28						
2/16/2013	Sat			\$ 85.28						
2/17/2013	Sun	8.0	\$ 163.23	\$ 85.28	5.3	22.5264	\$ 119.39	2.7	16.2370	\$ 43.84
2/18/2013	Mon	8.0	\$ 163.23	\$ 85.28	5.3	22.5264	\$ 119.39	2.7	16.2370	\$ 43.84
2/19/2013	Tue	8.0	\$ 163.23	\$ 85.28	5.3	22.5264	\$ 119.39	2.7	16.2370	\$ 43.84
		<b>80.0</b>	<b>\$ 1,632.30</b>	<b>\$ 1,193.92</b>	<b>53.0</b>	<b>22.5264</b>	<b>\$ 1,193.90</b>	<b>27.0</b>	<b>16.2370</b>	<b>\$ 438.40</b>

Validate Amounts

ER Retirement \$ 319.11

# VALIDATE CALCULATOR AMOUNTS



## Manual Payment (ZR80.1)

>>    |  ▾

Company

Bank Code

Payment Number

Employee

No Calc Deduction Selection

Time Records		Payment		Earnings		Deductions					
Payment Date				04/03/2013		Period End Date		03/01/2013			
Gross Pay				1,289.50		Net Pay				8.83	
Non Earnings											
Employee Deductions				86.77		Company Deductions				841.85	
Earnings	Hours/Units	Amount	Earnings	Hours/Units	Amount						
SCKLVTKN	16.00-	326.48-	SUPINDLV	27.00	438.40						
RISKRET	53.00	1,193.90	INDLWOP	48.00-							
RETNMAN1		16.32-									

# VALIDATE DEDUCTION AMOUNTS

No Calc Deduction Selection

Time Records		Payment	Earnings	Deductions		
FC	Deduction	Amount	Taxable	Excess	Type	
<input type="checkbox"/>	T101 FEDERAL		32.64		Employee Tax	
<input type="checkbox"/>	T103 SOC SEC	.32	5.18		Employee Tax	
<input type="checkbox"/>	T105 MEDICARE	.08	5.18		Employee Tax	
<input type="checkbox"/>	T201 ARIZONA	1.18	32.64		Employee Tax	
<input type="checkbox"/>	D005 *DELTA	30.33			Employee Other	
<input type="checkbox"/>	L001 *SUPLIFE	5.17			Employee Other	
<input type="checkbox"/>	M013 *AMERBEN	54.92			Employee Other	
<input type="checkbox"/>	7901 *CORPDOC	27.46-			Employee Other	
<input type="checkbox"/>	L101 SUP LIFE	13.29			Employee Other	
<input type="checkbox"/>	L103 DEP LIFE	11.19			Employee Other	
<input type="checkbox"/>	S101 STD HFRD	2.25-			Employee Other	
<input type="checkbox"/>	T102 SOC S ER	.32	5.18		Company	
<input type="checkbox"/>	T104 MEDI ER	.08	5.18		Company	
<input type="checkbox"/>	T202 SUTA ER	.01	5.18		Company	
<input type="checkbox"/>	3800 TECH CHG	.19			Company	
<input type="checkbox"/>	3802 PERS CHG	1.02			Company	
<input type="checkbox"/>	3804 ACUM SCK	.38			Company	
<input type="checkbox"/>	3806 WORKCOMP	30.36			Company	
<input type="checkbox"/>	3810 PBRD CHG	.03			Company	
<input type="checkbox"/>	7320 BLIFE ER	.90			Company	
<input type="checkbox"/>	7520 LTD ER	1.68-			Company	
<input type="checkbox"/>	7902 CORP ER	36.37-			Company	
<input type="checkbox"/>	7964 SUP-CORP	319.11			Company	
<input type="checkbox"/>	D006 DELTA ER	4.58			Company	
<input type="checkbox"/>	M014 AMBEN ER	522.92			Company	

# REPORT TO VALIDATE ENTRIES

- PR135 – Time Record Edit
  - Can be run on-demand
  - Verify entries and totals
    - Before “Calculate-Add” on ZR80.1
    - After “Add” on XR35.2

 **Time Record Edit (PR135)**

>> + Add Change - Delete < Previous ? Inquire > Next | Inquire ▾

Submit Reports Job Sched Print Mgr

Job Name SUPPBENE

Job Description SUPPLEMENTAL BENEFIT VALIDATE

User Name

Data Area/ID TEST

Parameters

Company 1

Report Selection 1 Time Record Edit

Time Record Selection 7 Manual

Batch

Processing Group

Process Level

Employee Sequence

Summary Option N No

Comments N No

Check TA or LP Balances Y Yes

Total Common Currencies, Countries N No

# PR135 OUTPUT

## PR135 – PR135.prt

Time Record Edit														
PR135 Date 04/03/13 Time 09:39			Company 1 STATE OF ARIZONA Time Record Edit For Manual						Page 1					
Pay Code	Description	T/R Date	Hours	Rate	Wages	D I S T R I B U T I O N							C T	
						S	S	C	P	General Ledger Account	Proc Level	Dept		Job Code
						T	H	G	G					
310	SICK LEAVE	02/06/13	2.00-	20.4040	40.81-	1	1000	DC01700	-	6042-2013	DC24D	24DL0	AUN08311	M
310	SICK LEAVE	02/07/13	2.00-	20.4040	40.81-	1	1000	DC01700	-	6042-2013	DC24D	24DL0	AUN08311	M
310	SICK LEAVE	02/08/13	2.00-	20.4040	40.81-	1	1000	DC01700	-	6042-2013	DC24D	24DL0	AUN08311	M
310	SICK LEAVE	02/11/13	2.00-	20.4040	40.81-	1	1000	DC01700	-	6042-2013	DC24D	24DL0	AUN08311	M
310	SICK LEAVE	02/12/13	2.00-	20.4040	40.81-	1	1000	DC01700	-	6042-2013	DC24D	24DL0	AUN08311	M
310	SICK LEAVE	02/13/13	2.00-	20.4040	40.81-	1	1000	DC01700	-	6042-2013	DC24D	24DL0	AUN08311	M
310	SICK LEAVE	02/14/13	2.00-	20.4040	40.81-	1	1000	DC01700	-	6042-2013	DC24D	24DL0	AUN08311	M
310	SICK LEAVE	02/15/13	2.00-	20.4040	40.81-	1	1000	DC01700	-	6042-2013	DC24D	24DL0	AUN08311	M
501	INDUSTRIAL	02/06/13	5.30	119.3900	119.39	1	1000	DC01700	-	6099-2013	DC24D	24DL0	AUN08311	M
501	INDUSTRIAL	02/07/13	5.30	119.3900	119.39	1	1000	DC01700	-	6099-2013	DC24D	24DL0	AUN08311	M
501	INDUSTRIAL	02/10/13	5.30	119.3900	119.39	1	1000	DC01700	-	6099-2013	DC24D	24DL0	AUN08311	M
501	INDUSTRIAL	02/11/13	5.30	119.3900	119.39	1	1000	DC01700	-	6099-2013	DC24D	24DL0	AUN08311	M
501	INDUSTRIAL	02/12/13	5.30	119.3900	119.39	1	1000	DC01700	-	6099-2013	DC24D	24DL0	AUN08311	M
501	INDUSTRIAL	02/13/13	5.30	119.3900	119.39	1	1000	DC01700	-	6099-2013	DC24D	24DL0	AUN08311	M
501	INDUSTRIAL	02/14/13	5.30	119.3900	119.39	1	1000	DC01700	-	6099-2013	DC24D	24DL0	AUN08311	M
501	INDUSTRIAL	02/17/13	5.30	119.3900	119.39	1	1000	DC01700	-	6099-2013	DC24D	24DL0	AUN08311	M
501	INDUSTRIAL	02/18/13	5.30	119.3900	119.39	1	1000	DC01700	-	6099-2013	DC24D	24DL0	AUN08311	M
501	INDUSTRIAL	02/19/13	5.30	119.3900	119.39	1	1000	DC01700	-	6099-2013	DC24D	24DL0	AUN08311	M
630	INDUSTRIAL	02/06/13	6.00-	0.0000	0.00	1	1000	DC01700	-	6099-2013	DC24D	24DL0	AUN08311	M
630	INDUSTRIAL	02/07/13	6.00-	0.0000	0.00	1	1000	DC01700	-	6099-2013	DC24D	24DL0	AUN08311	M
630	INDUSTRIAL	02/08/13	6.00-	0.0000	0.00	1	1000	DC01700	-	6099-2013	DC24D	24DL0	AUN08311	M
630	INDUSTRIAL	02/11/13	6.00-	0.0000	0.00	1	1000	DC01700	-	6099-2013	DC24D	24DL0	AUN08311	M
630	INDUSTRIAL	02/12/13	6.00-	0.0000	0.00	1	1000	DC01700	-	6099-2013	DC24D	24DL0	AUN08311	M
630	INDUSTRIAL	02/13/13	6.00-	0.0000	0.00	1	1000	DC01700	-	6099-2013	DC24D	24DL0	AUN08311	M
630	INDUSTRIAL	02/14/13	6.00-	0.0000	0.00	1	1000	DC01700	-	6099-2013	DC24D	24DL0	AUN08311	M
630	INDUSTRIAL	02/15/13	6.00-	0.0000	0.00	1	1000	DC01700	-	6099-2013	DC24D	24DL0	AUN08311	M
632	SUPPLEMENTA	02/06/13	2.70	16.2370	43.84	1	1000	DC01700	-	6042-2013	DC24D	24DL0	AUN08311	M
632	SUPPLEMENTA	02/07/13	2.70	16.2370	43.84	1	1000	DC01700	-	6042-2013	DC24D	24DL0	AUN08311	M
632	SUPPLEMENTA	02/10/13	2.70	16.2370	43.84	1	1000	DC01700	-	6042-2013	DC24D	24DL0	AUN08311	M
632	SUPPLEMENTA	02/11/13	2.70	16.2370	43.84	1	1000	DC01700	-	6042-2013	DC24D	24DL0	AUN08311	M
632	SUPPLEMENTA	02/12/13	2.70	16.2370	43.84	1	1000	DC01700	-	6042-2013	DC24D	24DL0	AUN08311	M
632	SUPPLEMENTA	02/13/13	2.70	16.2370	43.84	1	1000	DC01700	-	6042-2013	DC24D	24DL0	AUN08311	M
632	SUPPLEMENTA	02/14/13	2.70	16.2370	43.84	1	1000	DC01700	-	6042-2013	DC24D	24DL0	AUN08311	M
632	SUPPLEMENTA	02/17/13	2.70	16.2370	43.84	1	1000	DC01700	-	6042-2013	DC24D	24DL0	AUN08311	M
632	SUPPLEMENTA	02/18/13	2.70	16.2370	43.84	1	1000	DC01700	-	6042-2013	DC24D	24DL0	AUN08311	M
632	SUPPLEMENTA	02/19/13	2.70	16.2370	43.84	1	1000	DC01700	-	6042-2013	DC24D	24DL0	AUN08311	M
790F	CRITICAL RE	02/08/13	0.00	6.1200-	6.12-	1	1000	DC01700	-	6058-2013	DC24D	24DL0	AUN08311	M
790F	CRITICAL RE	02/21/13	0.00	10.2000-	10.20-	1	1000	DC01700	-	6058-2013	DC24D	24DL0	AUN08311	M
	Totals		16.00	1,503.1820	1,289.50									
Totals Department 24DL0														
	632		27.00	162.3700	438.40									
	310		16.00-	163.2320	326.48-									
	790F		0.00	16.3200-	16.32-									
	630		48.00-	0.0000	0.00									
	501		53.00	1,193.9000	1,193.90									
			16.00	1,503.1820	1,289.50									

Confirm these match calculator and recovery amounts (if any)

# PR135 OUTPUT

- PR135 – lpreport

## Time Record Edit

```
PR135 Date: 04/03/13          JOB SUBMISSION PARAMETERS
      Time: 09:39
User Name:
Job Name : SUPPBENE
Step Nbr : 1
      Company:      1
      Report Selection: 1          Time Record Edit
Time Record Selection: 7          Manual
      Batch:
Processing Group:
Process Level:
      Employee Sequence:
      Summary Option: N           No
      Comments: N               No
Check TA or LP Balances: Y       Yes
      Total Common Currencies, Countries: N           No
No Data in Report File - Check Report Parameters for Error Message
```

- If LP balance on PR135 lpreport goes negative, re-evaluate dates eligible to be paid

# BENEFIT AMOUNT VS. RECOVERY AMOUNT

- Prior Year Recovery Amounts can only be offset by Benefit Payments for Prior Year
  - If Benefit Amount for TR in 2012 > Recovery Amount for TR already paid in 2012 → OK
  - If Benefit Amount for TR in 2012 < Recovery Amount for TR already paid in 2012 → Recover up to benefit amount, then GAO70A for remainder
    - A GAO70A worksheet is needed for each pay period
    - IRS/State does not allow adjustments to Federal/State Taxes for prior years
    - Overpaid Retirement should be credited to reduce amount owed
- Current Year Recovery Amounts can be offset by Current Year Benefit Payments
  - If Benefit Amount 201X > Recovery Amount 201X → OK
  - If Benefit Amount 201X < Recovery Amount 201X → Depends
    - If EE returns to active duty with State: Offset current wages
    - If EE does not return to active duty with State: GAO70A
- Leave balances should not be restored until the employee repays the amounts by either wage offset or GAO70A adjustment
- There is no need to recover for the 30 day waiting period if the employee used accrued leave balances. This is allowable.

# RECOVERY FOR LEAVE USED DURING PLAN ELIGIBILITY

EMPLOYEE	TR_DATE	CHECK_DATE	PAY_SUM_G RP	R_HOURS	Rate	WAGE_AMO UNT	SHIFT
			<b>310 Total</b>		16	326.464	
			<b>630 Total</b>		48	0	
			<b>79A Total</b>		80	81.62	
			<b>Grand Total</b>		144	408.084	
123456	2/4/2013	2/21/2013	310		8	20.404	163.23 1
123456	2/5/2013	2/21/2013	310		8	20.404	163.23 1
			310 Recovery (Week Ending 2/8/13)		\$ (122.42)		
			310 Recovery (Week Ending 2/15/13)		\$ (204.04)		
				Total Recovery \$			
			\$ (326.46)	Eligible for			
				Retirement	\$ (27.46)	7901 Refund	
			790F Recovery (Week Ending 2/8/13)		\$ (6.12)	\$ (36.37)	7902 Refund
			790F Recovery (Week Ending 2/15/13)		\$ (10.20)	\$ (0.82)	7520 Refund
			\$ (16.32)				

- Reconcile Recovery Amounts to HRIS entries
- Submit OTD for EE & ER Retirement
  - These deductions are end dated when SX code is entered
- LTD configuration is being updated to charge/refund on the Supplemental Benefit pay codes

# REQUEST & SELECT OTD'S – FOR HANDWRITES

- Request OTD using GAO 73A
- Email with subject – OTD for Handwrite
- Central Payroll enters
- Agency selected using FC “S”
- Contact Benefits for any Insurance arrears



Manual Payment One Time Ded (ZR80.3)

Company 1 Employee

FC	Deduction	Amount	Date	Stat	Prty	Chk Grp	Payment Description	Record Type
<input type="checkbox"/>	7520	.82-	02/15/2013	<input type="checkbox"/>	1		LTD ER	*Manual Pay Deduction*
<input type="checkbox"/>	7901	27.46-	02/15/2013	<input type="checkbox"/>	1		*CORPDOC	*Manual Pay Deduction*
<input type="checkbox"/>	7902	36.37-	02/15/2013	<input type="checkbox"/>	1		CORP ER	*Manual Pay Deduction*

# LP PLAN BALANCE VERIFICATION

- LP Balances are updated nightly
- The day after the payment is generated, check LP64.3 to ensure amounts are:
  - Deducted from the Industrial Leave Plan
  - Added to the Plan Balances for amounts recovered
    - Annual, Holiday, Sick, Comp etc.
    - Accruals will be removed if the hours recovered warrant it

HRIS State of Arizona Employee Transaction Detail Balance Inquiry (LP64.3)

Company: STATE OF ARIZONA  
 Employee:   
 Absence Plan: INDUSTRIAL  
 Structure Group: LPINDSUP  
 Position:   
 Accrual Type: 1  
 Position To: 01/01/2013

Date	St	Transaction Type	Cycle or Hrs	Amount	Balance
12/26/2012	9	61 INDUSTRIAL RETIREMENT CAL		5.300000-	85.3000000-
12/26/2012	9	61 SUPPLEMENTAL INDUSTRIAL LE		2.700000-	88.0000000-
12/27/2012	9	3 ind add hrs for supp benefit		1040.000000	952.0000000
12/27/2012	9	61 INDUSTRIAL RETIREMENT CAL		5.300000-	946.7000000
12/27/2012	9	61 SUPPLEMENTAL INDUSTRIAL LE		2.700000-	944.0000000
12/28/2012	9	61 INDUSTRIAL RETIREMENT CAL		5.300000-	938.7000000
12/28/2012	9	61 SUPPLEMENTAL INDUSTRIAL LE		2.700000-	936.0000000
12/31/2012	9	61 INDUSTRIAL RETIREMENT CAL		5.300000-	930.7000000
12/31/2012	9	61 SUPPLEMENTAL INDUSTRIAL LE		2.700000-	928.0000000
01/01/2013	9	61 INDUSTRIAL RETIREMENT CAL		5.300000-	922.7000000

HRIS State of Arizona Employee Transaction Detail Balance Inquiry (LP64.3)

Company: STATE OF ARIZONA  
 Employee:   
 Absence Plan: ANNUAL LEAVE PLAN  
 Structure Group: LPANCVDD1  
 Position:   
 Accrual Type: 1  
 Position To: 10/24/2012

Date	St	Transaction Type	Cycle or Hrs	Amount	Balance
09/25/2012	9	61 ANNUAL LEAVE TAKEN		8.000000-	188.0000000
09/26/2012	9	61 ANNUAL LEAVE TAKEN		8.000000-	180.0000000
09/27/2012	9	61 ANNUAL LEAVE TAKEN		8.000000-	172.0000000
09/27/2012	9	61 ANNUAL LEAVE TAKEN		8.000000-	180.0000000
09/28/2012	9	61 ANNUAL LEAVE TAKEN		8.000000-	172.0000000
09/28/2012	9	33 Transfer from Accrual		6.470000	178.4700000
09/28/2012	9	61 ANNUAL LEAVE TAKEN		8.000000	186.4700000
09/28/2012	9	33 Transfer from Accrual		6.470000-	180.0000000
10/12/2012	9	33 Transfer from Accrual		6.470000	186.4700000
10/23/2012	9	61 ANNUAL LEAVE TAKEN		.270000-	186.2000000

# OTHER CONSIDERATIONS

- EE Returning to Work
  - HR must change the retirement code back
    - This will end date the SX ER deduction
    - This will end date the Industrial Leave Plan
  - If a payment is still due to the employee:
    - Submit a OTD for the SX ER retirement amount
    - Process LP70 to reduce the hours from the LP Plan
  - If all benefit payments have been paid to the employee:
    - Process LP70 to eliminate remaining hours from the LP Plan
- Payment that covers multiple pay periods
  - If EE was on LWOP, they may have paid for benefits directly to HITF
    - Contact Benefits to review the employee's record. They will enter OTD if insurances are due.
    - Benefits will refund amounts overpaid amounts directly to HITF
- Garnishments
  - Risk Mgt may receive an Order while the EE still has an active order in HRIS
    - HRIS Order will remain active until a Stop/Release is received
    - If EE is “double deducted” they will have to contact issuing authority for resolution

# EMPLOYEE RETURNING TO WORK

- Retirement Code update will end date the SX code and activate the EE & ER codes
- It will also end date the Industrial Leave Plan

HRIS State of Arizona Employee (HR11.1)

Company  STATE OF ARIZONA  
 Employee

Main Assignment Pay Work Personal Address Work Elig User Flds

More Records Exist - Use PageDown

FC	Type	Field Name	Value	Description
<input type="checkbox"/>	Alpha	ANNUAL LEAVE PLAN	LPANUNC1	LP ANN UNCOVER
<input type="checkbox"/>	Alpha	CASH/COMP	EITHER	EE ACCEPTS COM
<input type="checkbox"/>	Alpha	CURRENT ASRS MEMBE	N	NOT CURRENT AS
<input type="checkbox"/>	Date	ORIG STATE HIRE DA	05/19/2003	
<input type="checkbox"/>	Alpha	RETIREMENT CODE	0	PSPRS CORRECTI

HRIS State of Arizona Employee Absence Plan Master (LP31.1)

Company  STATE OF ARIZONA  
 Employee   
 Absence Plan  INDUSTRIAL  
 Structure Group  LP IN INDUSTRIAL-SUPPLEMENTAL  
 Position

Dates Balances Carryover GL Accounts Override Tables

Master Entry   
 Accrual End   
 Master End   
 Master Override  No override

Drill Around® -- Webpage Dialog

Close Search Find Next Reset Printable View

**DRILL EXPLORER**

- Benefit Criteria
- Positions, Jobs
- Personnel Action History
- Salary History
- Position, Job History
- Created Payments
- Payments
- Deductions

Code	Payment Desc	Description	Begin	End
7902	CORP ER	RETIRE - CORP DOC - ER	09/27/2008	06/30/2009
7902	CORP ER	RETIRE - CORP DOC - ER	07/01/2009	06/30/2010
7902	CORP ER	RETIRE - CORP DOC - ER	07/01/2010	06/30/2011
7902	CORP ER	RETIRE - CORP DOC - ER	07/01/2011	06/30/2012
7902	CORP ER	RETIRE - CORP DOC - ER	07/01/2012	08/06/2012
7902	CORP ER	RETIRE - CORP DOC - ER	12/31/2012	
7964	SUP-CORP	RETIRE - SUPP BENE - CORP	08/06/2012	12/31/2012

# ISSUE

- Gaps in Risk Payments
  - The calculator cannot account for gaps.
  - If payments are not sequential, create a new calculator
  - Result: Overpayment

Employee ID Number (EIN)	123456	Date of Injury:	1/4/2013
Employee Pay Rate at time of injury	\$19.2643	Date Applied for ADOA Supplemental Program	1/4/2013
Typical Scheduled Hours per Day	8.0	First Day Eligible for ADOA Supplemental Program*	2/3/2013
Enter Typical 1st Day Off (ie Sun)	Sun	*(Must be: 30 days from date of injury, covered by WC, and must apply to program)	
Enter Typical 2nd Day Off (ie Sat)	Mon	Last Day paid by Workers Comp:	3/15/2013
Enter Typical 3rd Day Off (if any)		Total Days covered by ADOA Supplemental Program	40
		Regular working days covered by ADOA Supplemental Program	29

  

WORKERS COMPENSATION SUMMARY	Period Begin	Period End	Amount Paid	Date Paid
Workers Compensation Payment #1	1/5/2013	1/11/2013	\$546.56	3/12/2013
Workers Compensation Payment #2	1/12/2013	1/15/2013	\$309.04	3/12/2013
Workers Compensation Payment #3	2/16/2013	3/15/2013	\$2,163.22	3/12/2013
Workers Compensation Payment #4				
Workers Compensation Payment #5				
Workers Compensation Payment #6				
Workers Compensation Payment #7				
Workers Compensation Payment #8				

**TOTAL PAID by Workers Compensation: \$3,018.82** (Some payments paid before period of ADOA Supplemental Plan eligibility)

  

DAILY ADOA SUPPLEMENTAL BENEFIT CALCULATION					RECORD TO PAYCODE 501			RECORD TO PAYCODE 632 OR 632F		
Date	Day	REGULAR HOURS typically would have worked	BASE PAY typically would have earned	WORKERS COMP PAYMENTS PAID DURING SAME TIME	WC HOURS to be recorded in HRIS	WC RATE to be recorded in HRIS	WC WAGES already paid	STATE HOURS still owed	Applicable Override Rate	STATE WAGES still owed
2/3/2013	Sun			\$ 77.26						
2/4/2013	Mon			\$ 77.26						
2/5/2013	Tue	8.0	\$ 154.11	\$ 77.26	5.3	20.6094	\$ 109.23	2.7	16.6222	\$ 44.88
2/6/2013	Wed	8.0	\$ 154.11	\$ 77.26	5.3	20.6094	\$ 109.23	2.7	16.6222	\$ 44.88
2/7/2013	Thu	8.0	\$ 154.11	\$ 77.26	5.3	20.6094	\$ 109.23	2.7	16.6222	\$ 44.88
2/8/2013	Fri	8.0	\$ 154.11	\$ 77.26	5.3	20.6094	\$ 109.23	2.7	16.6222	\$ 44.88
2/9/2013	Sat	8.0	\$ 154.11	\$ 77.26	5.3	20.6094	\$ 109.23	2.7	16.6222	\$ 44.88
2/10/2013	Sun			\$ 77.26						
2/11/2013	Mon			\$ 77.26						
2/12/2013	Tue	8.0	\$ 154.11	\$ 77.26	5.3	20.6094	\$ 109.23	2.7	16.6222	\$ 44.88
2/13/2013	Wed	8.0	\$ 154.11	\$ 77.26	5.3	20.6094	\$ 109.23	2.7	16.6222	\$ 44.88
2/14/2013	Thu	8.0	\$ 154.11	\$ 77.26	5.3	20.6094	\$ 109.23	2.7	16.6222	\$ 44.88
2/15/2013	Fri	8.0	\$ 154.11	\$ 77.26	5.3	20.6094	\$ 109.23	2.7	16.6222	\$ 44.88
2/16/2013	Sat	8.0	\$ 154.11	\$ 77.26	5.3	20.6094	\$ 109.23	2.7	16.6222	\$ 44.88
2/17/2013	Sun			\$ 77.26						
2/18/2013	Mon			\$ 77.26						
2/19/2013	Tue	8.0	\$ 154.11	\$ 77.26	5.3	20.6094	\$ 109.23	2.7	16.6222	\$ 44.88
2/20/2013	Wed	8.0	\$ 154.11	\$ 77.26	5.3	20.6094	\$ 109.23	2.7	16.6222	\$ 44.88
2/21/2013	Thu	8.0	\$ 154.11	\$ 77.26	5.3	20.6094	\$ 109.23	2.7	16.6222	\$ 44.88
2/22/2013	Fri	8.0	\$ 154.11	\$ 77.26	5.3	20.6094	\$ 109.23	2.7	16.6222	\$ 44.88
2/23/2013	Sat	8.0	\$ 154.11	\$ 77.26	5.3	20.6094	\$ 109.23	2.7	16.6222	\$ 44.88
2/24/2013	Sun			\$ 77.26						
2/25/2013	Mon			\$ 77.26						

# CONTACTS

## ○ Agency Contacts

- Benefits:
  - [BenefitsIssues@azdoa.gov](mailto:BenefitsIssues@azdoa.gov)
- HR:
  - [HumanResources@azdoa.gov](mailto:HumanResources@azdoa.gov)
- Payroll:
  - [Central.Payroll@azdoa.gov](mailto:Central.Payroll@azdoa.gov)
- Agency HR Manager/Supervisor:
- Agency PR Manager/Supervisor:
- Care Coordinator:

## ○ Employee Contacts

- Benefits:
- HR:
- Payroll:
- Care Coordinator: