

Sonoma County Office of Education
Business Services

EXTERNAL PAYROLL AND FINANCE UPDATES
DBUG: June 22, 2023

Updates:

ACH Advices

- ❖ Starting with the June regular payroll, the ACH Advices will be printed for LEAs but they will not be folded
 - The SCOE print shop used to be in charge of this task and they are no longer in operation
 - This is a good time to discuss with your employees if they truly require a printed ACH remittance
 - If they are receiving an email ACH remittance, then hopefully you can eliminate some of the paper ACH remittances

New forms coming July 1, 2023

- ❖ **New** Accounts Payable Check Status & Cancellation Form
- ❖ **New** Payroll Check Status & Cancellation Form
- ❖ **New** Manual Payroll Request Form (For creating a new manual payroll)
- ❖ **New** ACH Reversal and Cancellation Form

We updated these forms in an attempt to make the check cancellation process easier on LEAs. I have attached the forms that we will be posting shortly to the SCOE website.

OASDI/Medicare – Prior Year refunds require written statement from employee

- ❖ If a prior year refund is needed for OASDI and/or Medicare tax to an employee, it is required to get a written statement signed from the employee before processing the refund through payroll
- ❖ Per the IRS, a written statement is needed to confirm that the employee will not try to claim a refund for this on their taxes as they will already have received the refund through payroll
- ❖ **Attached** is an example of what the written statement should look like
 - This has been posted on the SCOE website under the External Payroll section
 - Named: Written Statement to Claim FICA Tax Refund
- ❖ Once you receive the signed written statement back from the employee, you can then enter the refund into payroll for these prior year taxes. (Using the REPAY deduction)
- ❖ Anytime there are OASDI/Medicare or other tax adjustments needed, please make sure to contact Christy Arend and Jing Liu.

- We will assist with the payroll adjustments
- The signed written statements should also be shared with us as we will need to do quarterly tax adjustments for these entries.

Reminders:

Signature Authorization Form for 2023-24 due 06/30/2023 – (Reminder from last month)

- ❖ Send original signatures via AV
- ❖ If you use a courier company to pick up your items please make sure they are listed on the Signature Authorization form as a valid company to pick up for your LEA
- ❖ Signature Authorization form is located at the link below:
 - <https://www.scoe.org/pub/htdocs/fiscal-forms.html>

Summer Hours – SCOE

- ❖ SCOE Business Services is open from 8:00AM – 4:30PM from June 5th – July 28th
 - Please make sure to schedule your pick up and drop off times around these hours

Wire Transfers – Require a minimum threshold of \$100,000

- ❖ This is a reminder that wires must be at least \$100,000 unless there is a justifiable critical business need for it to be less. This would need to be approved by the County Treasury.
 - **Attached** are the wire transfer procedures
 - https://www.scoe.org/files/Wire_Transfer_Procedures_for_LEAs_Edit_01.24_.23.pdf

Christy Arend – Going on extended leave from July 10th – October 13th

- ❖ Please make sure to direct all questions you normally would send to Christy to Jing Liu. (JLiu@scoe.org, 707-524-2954)
 - Emails will be forwarded to Jing Liu as well
- ❖ Continue to include Christy Arend in emails as when she returns it will be nice to have the history of items that occurred in her absence

SONOMA COUNTY OFFICE OF EDUCATION – BUSINESS SERVICES
ACCOUNTS PAYABLE/COMMERCIAL CHECK STATUS & CANCELLATION REQUEST
(Including Voluntary Deduction Checks)

LEA NAME AND NUMBER: _____

CHECK NUMBER: _____

(ATTACH A COPY OF CHECK OR SNAP SHOT)

CHECK DATE: _____

CHECK AMOUNT: _____

PAYEE: _____

IF CHECK NOT CLEARED, STOP PAYMENT: YES or NO

EMAIL AP/COMMERCIAL check status requests to: sgraves@scoe.org

*****Voids do not require the top portion of this form to be filled out** (only if the check never left your office)***

AUTHORIZATION: _____ DATE: _____

IF STOP PAYMENT, COMPLETE THE PORTION BELOW TO CANCEL

CANCELLATION REQUEST

(Including Voids, Vol Deds and Stop Payments)

BUDGET ACCOUNT DISTRIBUTION: _____

DESCRIPTION (REASON FOR CANCELLATION): _____

DISTRICT NAME AND ORG NUMBER: _____ DATE: _____

AUTHORIZATION : _____ PRINT NAME: _____

COMPLETE AND EMAIL TO: sgraves@scoe.org

SONOMA COUNTY OFFICE OF EDUCATION – BUSINESS SERVICES
PAYROLL CHECK STATUS REQUEST

LEA NAME AND NUMBER: _____

CHECK NUMBER: _____
(ATTACH A COPY OF CHECK OR CHECK SNAP SHOT)

CHECK DATE: _____

CHECK AMOUNT: _____

PAYEE: _____

IF CHECK NOT CLEARED, STOP PAYMENT: Yes or No

IF STOP PAYMENT, COMPLETE BELOW TO UPDATE PAY HISTORY

MANUAL PAYROLL REQUEST

A. Cancel and Reissue – new check will be issued

- | |
|---|
| <input type="checkbox"/> District Pick up Check |
| <input type="checkbox"/> Send AV |
| <input type="checkbox"/> Employee Pick up |

B. Cancel and Reverse – select from the following

EE Paid with Revolving EE Paid with AP EE Paid Supp Payroll
If EE Paid through Revolving or AP, pay history created _____

EE Never Should have been Paid

C. Reprocess Pay – only works when the EE has not subsequently been paid

(ATTACH A COPY OF PAY01)

Entered By: _____ Signed: _____

Approved by: _____ Signed: _____ Date: _____

COMPLETE AND EMAIL TO:

carend@scoe.org jsarsfield@scoe.org tpham@scoe.org jliu@scoe.org

SONOMA COUNTY OFFICE OF EDUCATION – BUSINESS SERVICES

CREATE MANUAL PAYROLL

<input type="checkbox"/> District Pick up Check
<input type="checkbox"/> Send AV
<input type="checkbox"/> Employee Pick up

LEA NAME AND NUMBER: _____

EMPLOYEE(S) NAME: _____

(Can be listed on separate sheet, if needed)

Please attach the following:

- A) Pay 01a
- B) Errors have been corrected or explained

Gross Pay: _____

Net Pay: _____

Entered By: _____ Signed: _____

Approved By: _____ Signed: _____ Date: _____

By signing this form, I certify that I approve the above payroll transaction. I have validated correct compensation, retirement/payroll tax reporting, and reviewed the payroll reports as appropriate.

COMPLETE AND EMAIL WITH ATTACHMENTS TO:

carend@scoe.org jsarsfield@scoe.org tpham@scoe.org jliu@scoe.org

SONOMA COUNTY OFFICE OF EDUCATION – BUSINESS SERVICES

ACH REVERSAL REQUEST FORM

The only reasons for which SCOE will perform an ACH reversal is when the employee will be overpaid (see Direct Deposit Authorization Agreement).

DISTRICT to Complete:

LEA NAME AND NUMBER: _____

EMPLOYEE WILL BE OVERPAID

EMPLOYEE'S NAME: _____

DATE OF ACH: _____ ACH AMOUNT: _____

MANUAL PAYROLL REQUEST

A. Cancel and Reverse – select from the following

EE Paid with Revolving EE Paid with AP EE Paid Supp Payroll

If EE Paid through Revolving or AP, pay history created _____

EE Never Should have been Paid

B. Reprocess Pay – only works when the EE has not subsequently been paid

(ATTACH A COPY OF PAY01)

District Pick up Check

Send AV

Employee Pick up

Prepared By: _____

Signed: _____

Approved By: _____

Signed: _____ Date: _____

COMPLETE AND EMAIL TO:

carend@scoe.org jsarsfield@scoe.org tpham@scoe.org jliu@scoe.org

SCOE to Complete:

1. _____ Process ACH Reversal in Exchange Bank (see instructions)
2. _____ Notify County Treasury of upcoming ACH reversal (copy of Request & Exchange Bank)
3. _____ Funds Returned (will receive email from County Treasurer)
4. _____ Notify District Funds received/district can reissue correct amount
5. _____ Prepare Deposit Authorization and email to County Treasury
6. _____ Prepare A/R Deposit in Escape when EFS# received
7. _____ Process Manual Payroll

Written Statement for OASDI and/or Medicare Tax Adjustments

- I understand that I have been repaid by the Sonoma County Office of Education for the OASDI and/or Medicare tax that was deducted from my paycheck in calendar year _____. Therefore, I will not seek or claim a refund from the IRS for this money.
- I give consent to the Sonoma County Office of Education to file a Tax Refund Claim on my behalf so they can be reimbursed for the OASDI and/or Medicare tax they paid back to me.

In order to process the refund of overpaid OASDI and/or Medicare please sign below in the space provided, acknowledging that you have not claimed and will not claim any refund or credit for taxes as indicated above from the Internal Revenue Services.

Employee Printed Name: _____

Employee Signature: _____

Date: _____

SIGNATURE AUTHORIZATION FORM

TO: Sonoma County Office of Education
 FROM: _____ # _____
 (School District or Charter School)

FISCAL YEAR: ____/____

Complete this section for annual listings of authorized signatures or to add employees to the list.

This is an: ____ Annual Listing ____ Addition

Indicate items the following persons are authorized to sign for:

A – Payroll Warrants **B** – AP Warrants

Name (Type or Print)	Signature	Circle Items Authorized
_____	_____	A B
_____	_____	A B
_____	_____	A B
_____	_____	A B
_____	_____	A B
_____	_____	A B
_____	_____	A B
_____	_____	A B

Permissible to send Payroll AV? ____ YES ____ NO

Note: Authorizations remain in effect for the entire fiscal year or until a request for change or deletion is filed with External Fiscal Services.

Complete this section to delete authorized signatures.

The following person(s) should be deleted from the signature authorization list:
 Name _____
 Name _____
 Name _____

DISTRICT SUPERINTENDENT DATE

**PLEASE SEND ORIGINAL FORM TO: SCOE BUSINESS SERVICES
 ATTN: DIRECTOR EXTERNAL PAYROLL AND FINANCE**

Payment to IRS for 30% Withholdings must use the Wire Transfer Process

Wire Transfer Procedures for LEAs

County Treasury requires Wire Transfer for payments that are \$100,000 or greater. **The minimum amount for Wire Transfers is \$100,000** unless there is a justifiable critical business need that will be vetted by the Assistant Treasurer-Tax Collector. Each wire transfer incurs a \$6.00 fee from the bank. The vendor also incurs a fee from their bank.

- Step 1:**
- a. Use the County of Sonoma Vendor Listing to verify the vendor is established.
 - i. Email jsarsfield@scoe.org, tpham@scoe.org, jliu@scoe.org and carend@scoe.org to request a current copy of the Vendor Listing.
 - ii. Please check the "Status" column when checking the list. If there is an "I" that means inactive and the County needs to be contacted to "activate".
 - b. When the vendor has not been established, complete the County of Sonoma Supplier Request form and email the completed form to the county email address listed on the form.
https://www.scoe.org/files/Supplier_Request_Form-current.pdf
- Step 2:**
- c. Once you've determined the vendor has been established, you may continue onto Step 2.
 - d. Complete the Wire Transfer Request Form accessed through Escape's SCOE Resources. **Please use a street address for the Beneficiary Address rather than a PO box address.**
 - e. For International Wires, check the foreign currency exchange rate on the morning the wire is to be sent.
 - i. If the international vendor has billed the district in US dollars, please indicate on the request form so we know no conversion is necessary.
 - f. Timetable Requirements
 - <=\$250,000: 2 business days
 - \$250,001-\$1,000,000: 3 business days
 - \$1,000,0001- \$5,000,000: 1 week
 - >= \$5,000,001: 10 calendar days
 - g. Use the Index Master to locate the Department Id for your district.
- Step 3:**
- i. Email jsarsfield@scoe.org, tpham@scoe.org, jliu@scoe.org and/or carend@scoe.org to request a current copy of the Index Master.
- Step 4:**
- h. Email the completed Wire Transfer Request Form to SCOE's External Fiscal Services (carend@scoe.org, jsarsfield@scoe.org, jliu@scoe.org and tpham@scoe.org) along with the Fiscal91 and back up from the vendor including the bank information.
 - i. Once the wire has been processed, SCOE External Staff receives a Wire Confirmation Notification from County Treasury.
 - i. SCOE will create a journal charging the district for the wire, using the expense budget code the district provided on the Wire Transfer Request Form, and will attach the Wire Confirmation Notification to the journal.
 - ii. Use the following link for the Wire Request Form or can be found in Escape in SCOE Resources in Forms **https://www.scoe.org/files/Wire_request_Revised_01_23_2023-fillable.pdf**

**SONOMA COUNTY OFFICE OF EDUCATION
REQUEST FORM FOR WIRE TRANSFER**

Date: _____
To: Christy Arend, Director External Payroll and Finance
CC: Janelle Sarsfield and Thuan Pham
From: _____
Re: _____

This request authorizes the Sonoma County Treasurer to transfer from _____

School District from district fund _____ Dept Id # _____, in the amount of

\$ _____. *Note: Please include the Crosswalk Fund and Department ID*

To be Credited to: _____ (Vendor name), Supplier ID: _____

ABA #: _____

Bank Name: _____

Account Name: _____

Beneficiary Address: _____

Acct #: _____

IBAN: _____

(for cross-currency payments only; provided by the beneficiary)

Ref: _____

Attn: _____

Please process this transaction on the ____ day of _____, _____.

I, the undersigned hereby certify that I am the authorized signer on behalf of the LEA and that by signing this form I certify under penalty of perjury that the information above is true and correct. I acknowledge and authorize SCOE to complete the [County of Sonoma Wire Transfer Form](#) on the LEA's behalf using the information contained in this form. By signing below, I certify there are sufficient funds in this account and authorize the wire transfer from this account.

(Please include with this request form a Fiscal 07 Cash Transaction Detail verifying cash in hand for this fund)

Dated: _____

Printed Name of Authorized Signer

Signature Title

Account Code to Charge:

PLEASE SCAN AND EMAIL THIS REQUEST TO carend@scoe.org, jsarsfield@scoe.org, jliu@scoe.org and tpham@scoe.org PROCESS DATE ABOVE WILL BE THE DAY THE FUNDS ARE TRANSFERRED TO THE VENDOR.

Please note: The minimum amount for Wire Transfer is \$100,000 unless there is a justifiable critical business need that will be vetted by the Assistant Treasurer - Tax Collector