



Payroll Manager.....Ms. Cathy Jacobsen

Payroll Benefits Specialist.....Ms. Michelle Warrington

Human Resource Specialist.....Ms. Lisa Jones

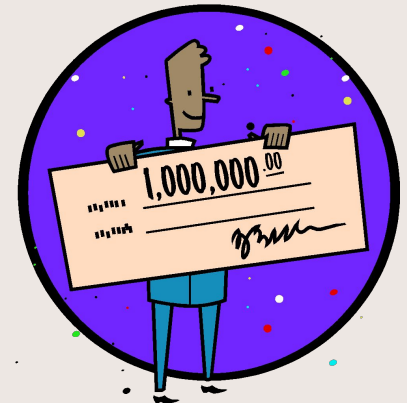
Employment Document Requirements

- Completed W-4
- Completed I-9 with identification
- Signed 403(b) Reduction Contribution Eligibility
- Direct Deposit Authorization Form
- Health Insurance Worksheet (*Enroll or Waive*)



Salary Information

- For a complete list of salary information which may appear on your paystubs, refer to the “Check Stub Abbreviations” which is on the MOTSD website
- Pay dates: 15th and 30th
 - **Pay dates may vary* - please check the MOTSD website and Frontline main menu for exact pay dates



**For substitutes, there is a 2 week lag in payroll
Payment for the 1st thru the 15th is the 30th of the month
Payment for the 16th thru the 31st is the 15th of the month

Check Stub Abbreviations

Salary Information

EARN - Base Salary this Pay
EXPY - Extra Pay for extra work
P EXPY - Pensionable Extra Pay
FRINGE - Excess Cost of Group Life Ins

Taxes:

FED - Federal Withholding Tax
EXFED - Additional Federal Tax elected
FICA - Social Security Tax
MEDI - Medicare portion of Social Security Tax
NJA,NJB,NJC,NJD,STE - NJ State Withholding Tax
NJEX - Additional State Tax elected
STPA - Pennsylvania State Tax Withholding
SUI - State Unemployment Insurance
FLI - Family Leave Insurance

Pensions:

ARREARS - Payment for Purchase of Previous Service - Pension
BKDED - Back Pension Deductions
BKCI - Back Contributory Insurance
CI - Contributory Insurance (Life)
DCRP - Defined Contribution Retirement Program
LOAN - Pension Loan
PERS - Public Employees' Retirement System
TPAF - Teachers' Pension & Annuity Fund



Other Deductions

ATTACH - Garnishment
BUSDUE - Bus Drivers Union Dues
NJEA - NJ Education Association Union Dues (also shows Balance due for the current school year)
DENTAL - Dental Benefit Contribution (employees with no medical benefits but have dental coverage)
HBCONT - Health Benefit Contribution (employees who have both medical and dental benefits)
HB EXT - Health Benefit Extra (flat dollar amount in addition to Health Benefit Contribution)
EYEMED - Vision Coverage Contribution

Check Stub Abbreviations - *Voluntary*

Tax Shelters:

AME403 Ameriprise Financial
 EQU403 AXA Equitable Financial
 or
 SUN403 Sun America Mutual Funds
 BRI403 Brighthouse Life Ins Co
 VAL403 Valic
 VAN403 Vanguard
 NEA403 NEA Retirement Program
 NAT403 National Life Group

NYL403 New York Life

Other Elected Deductions:

DISAB Colonial Life Disability Ins
 FSA HC Flex Spending Health Care
 FSA DC Flex Spending Dependent Care
 PRUD Prudential Disability Ins.
 PRUD-A Prudential Disability Ins
 NYLIFE New York Life Insurance
 VFCU Visions Federal Credit Union

Contact:

Keith Smith
 Jenna Caraccio
 Anthony Pecoraro
 Michael Ballan
 Douglas Vogel
 Grady Edwards
 Retirement Center
 Sara Scholl
 Joseph Scotti
 Robert Diforio
 Paul Belverio
 Matthew Amelio

Phone#:

(973) 252-2433
 (201) 669-2018
 (908) 447-1712
 (973) 423-2800
 (973) 236-9873
 (609) 650-1783
 (800) 205-6189
 (201) 221-9771
 (941) 932-6592
 (914) 960- 6328
 (732) 770-3474
 (973) 534-9778

Ext:

ext. 35

ext. 35

Direct Deposit

- Direct Deposit is mandatory for Local Education Employees (including substitutes).
- Complete the direct deposit authorization form found on Frontline Central.
- Tested for one pay cycle (*unless bank document submitted*)
- Full deposit of net check is remitted to your selected banking institution.
- Please notify payroll immediately if there is a change in banking information.



DOCULIVERY ONLINE PAY STUB ACCESS

Use the Doculivery portal to conveniently access pay stubs and year end forms. You can also upload address changes or tax withholding changes to the Payroll Department from this portal. Use the following link to log into the Doculivery Online Pay Stub Portal:

my.doculivery.com/Systems3000-mtoliveboe

Your login is: The first letter of your first name plus your last name plus your 4 digit employee ID number.

Your initial password is: Your 4 digit employee ID number.

You will be prompted to change your password after logging in the first time.

Upon logging in, follow the on screen instructions to set up your security questions. You will then be able to see the list of your pay stubs and also set up notifications via text or email whenever a pay stub or message is uploaded to the portal.

Please contact Cathy Jacobsen or Michelle Warrington in the Payroll Department if you need further assistance.



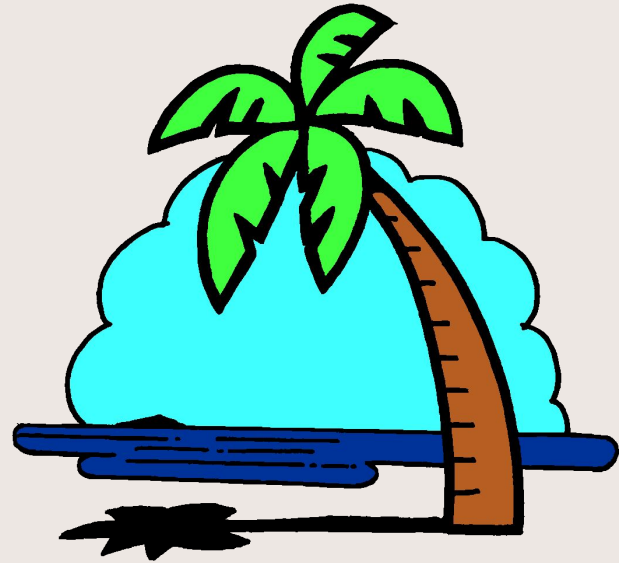
Voluntary Deductions

- Prudential Financial Disability Insurance
- Colonial Life Disability Insurance
- New York Life Insurance
- Visions Federal Credit Union
- Flexible Spending Account (Health Care and/or Dependent Care)



Tax Shelter Annuities (403B)

- Ameriprise
- AXA Equitable Financial
- Brighthouse
- Sun America
- Valic
- Vanguard
- NEA Retirement
- National Life Group
- New York Life



Pension Information



- Enrollments and transfers done on-line by the payroll office
- Deductions will begin when payroll receives the pension certification form from the State of New Jersey.
- Back deductions – retro to your hire date - (TPAF/CI) will also begin at that time.
- Contributory Life Insurance (CI)
- Employee must designate their beneficiaries on-line by registering for MBOS (Members Benefits Online System).
- See the MBOS handout for registration instructions.

Pension Certification

Payroll Certifications

Location: 02-00102-00 DIV OF PENSIONS AND BENEFITS

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF PENSIONS AND BENEFITS
P.O. BOX 295
TRENTON, N.J. 08625-0295

CERTIFICATION OF PAYROLL DEDUCTION

ALL DEDUCTIONS BEGIN 02/09/2002

PUBLIC EMPLOYEES' RETIREMENT SYSTEM

NAME MEMBER, IMA
MEMBER ID 02-0555999
SSN 123 45-6789
ACCUMULATED BASE SALARY \$3,337.16
SALARY THIS QUARTER BIWEEKLY
FULL PENSION RATE 5%
PENSION DEDUCTION
SUPPLEMENTAL ANNUITY COLLECTIVE TRUST
CONTRIBUTORY INSURANCE EFFECTIVE
INSURABILITY REQUIRED NO
DATE OF BIRTH 05/28/1964
DATE OF ENROLLMENT 10/20/2001
DATE OF TRANSFER
MONTHS OF PRIOR SERVICE
ENROLLED AS:

SCHEDULE	NUMBER OF PAYMENTS	AMOUNT PER PAYMENT	TOTAL AMOUNT
----------	-----------------------	-----------------------	-----------------

LOAN

ARREARS

BACK DEDUCTION	8	\$25.03	\$200.24
----------------	---	---------	----------

PAY SCHEDULE	BIWEEKLY
--------------	----------

LOCATION#	102
-----------	-----

DIV OF PENSIONS AND BENEFITS
SUPERVISOR PAYROLL UNIT
PO BOX 210
TRENTON NJ 08625-0295

CONTRIBUTORY INSURANCE COVERED; RETRO PREMIUM DUE IS \$
33.37

Change of Phone/Address/ Life Changing Events



1. Notify your Building Principal
2. Complete the “MOTSD Change of Address form”
 - *You must complete the form in Frontline Central.*
3. For any mid-year health insurance changes, you must complete the “Medical/Dental/Vision Program Worksheet” and upload the appropriate backup documentation (*i.e. proof of termination of current insurance, marriage certificate or birth certificate*)

**All forms can be found in Frontline Central
under My Forms, Forms I Can Start**

There are many forms in Frontline Central so please take a look to familiarize yourself with the available forms.





Attendance



- Annual number of sick days - 10
**Any unused sick days rollover into next year*
- Annual number of personal days - 4
**Up to 4 unused personal days (for 10 month employees) rollover into sick days;*
**Up to 3 unused personal days (for 12 month employees) rollover into sick days*
- To report an absence – app.frontlineeducation.com



** As a new employee, we do accept up to 10 unused sick days from your previous district.*

** Please email Kay VanHorn @ kay.vanhorn@motsd.org*

These days apply to contracted employees only, **not substitutes*

Benefits - Medical/Rx, Dental, Vision

*Benefit Guides with plan information can be found on the district website under Human Resources, Compensation & Benefits, Benefits, then download the **Benefits Guide NJEHP & GSHP***

Horizon Blue Cross/Blue Shield of NJ *Medical & Prescription Plans (choice of 1)*

1. New Jersey Educators Health Plan (NJEHP)
2. Garden State Health Plan (GSHP) - only NJ network of doctors

www.horizonblue.com 800-355-2583



Delta Dental *Dental Plans (choice of 1)*

1. PPO + Premier – can go to any dentist in plan
2. DentalCare USA HMO - must designate a dentist in plan & can only go to that dentist for coverage

www.deltadentalnj.com 800-452-9310



www.deltadentalins.com 800-422-4234

EyeMed *Vision Plan* - can go to any eye doctor/facility in plan

www.eyemed.com 888-439-3633



**Waiver of Medical Benefits*
(Eligibility and Payment)*

Payroll/Human Resources Contacts

973-691-4008

- Cathy Jacobsen – Payroll x8701

– *cathy.jacobsen@motsd.org*



- Michelle Warrington – Payroll x8702

– *michelle.warrington@motsd.org*

- Lisa Jones – Benefits & Attendance x8703

– *lisa.jones@motsd.org*

***Most of this information can be found on
the district website under Human Resources***