

No. _____



UNITED INDEPENDENT SCHOOL DISTRICT AGENDA ACTION ITEM

TOPIC Second Reading of Policy CFEA (LOCAL): Payroll Procedures Salary Deductions and Reductions

SUBMITTED BY: Norma Farabough, RTA, CSTA, CTA **OF:** Tax Office

APPROVED FOR TRANSMITTAL TO SCHOOL BOARD: _____

DATE ASSIGNED FOR BOARD CONSIDERATION: February 18, 2009

RECOMMENDATION:

It is recommended that the Board of Trustees approve Second Reading of Policy CFEA (LOCAL) Payroll Procedures Salary Deductions and Reductions

RATIONALE:

In order to allow employees the option of payroll deduction for payment of their property taxes.

BUDGETARY INFORMATION

BOARD POLICY REFERENCE AND COMPLIANCE:

PAYROLL PROCEDURES
SALARY DEDUCTIONS AND REDUCTIONS

CFEA
(LOCAL)

ADDITIONAL
AMOUNTS

In addition to legally required deductions, the Board shall permit voluntary deductions [see CFEA(LEGAL)] for:

1. Approved insurance programs;
2. Annuities/deferred compensation programs;
3. Other cafeteria plan options authorized by the Internal Revenue Service; and
4. Area teachers' credit unions.

5. Permit salary deductions for payment of UISD property taxes.

Employees may request additional voluntary salary deductions or change the amount(s) of those deductions in accordance with administrative procedures.

EXCESS LEAVE

Deductions shall be made for unauthorized or excess personal leave or sick leave. [See DEC]

EMPLOYEE
ORGANIZATIONS

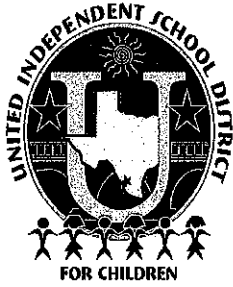
Employees shall be provided the convenience of continuous payroll deduction for organizational dues, in accordance with the following:

1. Each employee shall have the opportunity to enroll or drop on a monthly basis.
2. Monthly dues deduction shall continue until the employee requests in writing that it be stopped.
3. Each employee organization benefiting from this procedure shall file with the payroll department a Notice of Active Status on or before September 1 preceding the next school year in which deductions are to be made.
4. Each employee organization benefiting from this procedure shall file with the payroll department any change in dues on or before September 1 preceding the next school year in which deductions are to be made.
5. Each employee organization benefiting from this procedure shall file with the payroll department an agreement promulgated by the District to hold the District harmless in disputes between the employee and the employee organization.
6. The District shall forward the funds collected to the appropriate organization on or before the 15th day of the month following the deduction.

**PAYROLL PROCEDURES
SALARY DEDUCTIONS AND REDUCTIONS**

**CFEA
(LOCAL)**

7. An employee wishing to authorize or cancel a deduction shall complete the enrollment/cancellation form and forward it to the appropriate organization, who shall certify the transaction to the payroll department.
8. All organizations wishing to participate in the District's employee organization/union dues deduction plan shall file a Notice of Active Status with the Payroll Department. Such notice shall contain the following:
 - a. Organization name.
 - b. Business address and telephone.
 - c. Listing of officers.
 - d. State or national organization affiliation.
 - e. Breakdown of dues for membership.
 - f. Mailing address for funds collected.
 - g. Statement of intent to represent members, pursuant to District policies and procedures.
 - h. Statement of compliance with Section 617 of the Texas Government Code.
 - i. "Hold Harmless" agreement with the District.
9. Employee organizations utilizing this policy are those that exist in all or in part for the purpose of representing District employees concerning wages, hours, or conditions of work with the administration or Board, or an organization that is solely a professional organization of educators.



UNITED INDEPENDENT SCHOOL DISTRICT

AUTHORIZATION FOR PAYROLL DEDUCTION FORM

Date Requested: _____

Name of Employee: _____

Employee Identification Number: _____

Campus / Department: _____

I agree to have \$ _____ deducted from my salary with the first deduction
(Total Amount)

starting on _____ until the total liability is paid in full. I understand there will be
(Date)

_____ payments of \$ _____ either bi-weekly/monthly with a final payment
(# of Payments) (Payment Amount)

of \$ _____
(Final Payment Amount)

Employee Signature