

**Florida Department of Education
Education Information and Accountability Services/
Educational Data Systems**

**Comprehensive Management Information System
Automated Staff Reporting Format**


2002-2003 Staff Fiscal Year Benefits

1. There should be one record submitted **for each job code** for which the employee received benefits during the fiscal year reported. Submit this format in reporting period 5 only.
2. SCHOOL NUMBER, PRIMARY/HOME: For staff members who operate out of the county office, the school number to be used in this field is 9001. Staff members assigned to schools must be reported at that school using the official state school number for that school. Itinerant staff should be reported either at the school that is considered their home location or at the district office.
3. JOB CODE: Submit one record for each job code the employee received benefits for during the fiscal year being reported. See Appendix E, (JOB CODE ASSIGNMENTS), in the DOE Information Data Base Requirements: Volume II - Automated Staff Information System for acceptable codes. For employees receiving benefits for work performed in a preceding fiscal year, report the job code the employee held at the time of employment.
4. SELECTED BENEFITS, TYPE/VALUE: A code to identify up to eleven types of benefits (and corresponding monetary values) to which the school district contributed. **This amount reported should be the actual value of the benefit attributable to the reported Job Code and should include only the employer's cost.** Do not include any employee contributions. See Appendix I, (SELECTED BENEFITS DEFINITIONS), in the DOE Information Data Base Requirements: Volume II -- Automated Staff Information System for definitions of each benefit. The Selected Benefits, Type is to be entered in positions 1, 10, 19, etc., followed by the corresponding Selected Benefits, Value in the next eight positions. The default code for Selected Benefits, Type/Value is zero.
5. KEY FIELDS: The key fields for this format are Item Numbers 1 - 4, 6. **If any key field needs to be changed, the record must be deleted and re-submitted as an add.**

**FLORIDA DEPARTMENT OF EDUCATION
EDUCATION INFORMATION AND ACCOUNTABILITY SERVICES/
EDUCATIONAL DATA SYSTEMS**

2002-2003 STAFF FISCAL YEAR BENEFITS

FIELD CHARACTERISTICS: A = Alphabetic only A/N = Alphanumeric N = Numeric only Z = Zoned Numeric P = Packed decimal R = Right justified leading zeros L = Left justified	TAPE CHARACTERISTICS: 9 Track (odd Parity) 1600 or 6250 BPI, EBCDIC Label Information _____ Record size _____ Block size _____	Date: April 2001 Effective Date: July 2001 Format No.: 6926 Record Type: 1 of 1 Activity No.: DB9 44B
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Item Number	From-To	Size	Field Char.	Field Description
1	1-2	2	N/R	District Number
				The two digit number for the district in which the staff member is currently employed. For employees who serve multiple districts, this is the fiscal agent district number. Also, the district number is for the district submitting the inservice education component. See <u>DOE Information Data Base Requirements: Volume II- Automated Staff Information System</u> , Appendix B for acceptable codes.
2	3-12	10	A/N/L	Social Security Number
				The number assigned to an individual by the Social Security Administration (left justified). 
3	13-13	1	N	Survey Period Code
				A code representing one of the state reporting periods. For this format, Survey Period Code is always "5".
4	14-17	4	N	Fiscal Year
				The state fiscal year running from July 1 through June 30 for which the reported data are applicable. Example 8788 :Fiscal year July 1, 1987 through June 30, 1988.

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Item Number	From-To	Size	Field Char.	Field Description																								
5	18-21	4	N/R	School Number, Primary/Home The state assigned four digit school number (0001-9899) which indicates the primary administrative reporting unit to which the individual is assigned.																								
6	22-26	5	N	Job Code The code associated with each job assignment of the employee. See Appendix E, Job Code Assignments, in the <u>DOE Information Data Base Requirements: Volume II - Automated Staff Information System</u> for acceptable codes.																								
7	27-125	99	A/N	Selected Benefits, Type/Value A code to identify up to eleven types of benefits and corresponding monetary values to which the school district contributed for the employee during the fiscal year being reported. See Appendix I, (SELECTED BENEFITS DEFINITIONS), in the <u>DOE Information Data Base Requirements: Volume II - Automated Staff Information System</u> , for definitions of each benefit. Report the Selected Benefits, Type in positions 1, 10, 19, etc., followed by the corresponding Selected Benefits, Value in the next eight positions. <table border="0"> <tr> <td><u>Code</u></td> <td><u>Benefit</u></td> </tr> <tr> <td>A</td> <td>Health and Hospitalization</td> </tr> <tr> <td>B</td> <td>Life Insurance</td> </tr> <tr> <td>C</td> <td>Social Security</td> </tr> <tr> <td>D</td> <td>Florida Retirement System</td> </tr> <tr> <td>E</td> <td>Commercial or Mutual Insurance Annuity Plan</td> </tr> <tr> <td>F</td> <td>Unemployment Compensation</td> </tr> <tr> <td>G</td> <td>Worker's Compensation</td> </tr> <tr> <td>K</td> <td>Cafeteria Plan</td> </tr> <tr> <td>L</td> <td>Other</td> </tr> <tr> <td>M</td> <td>Medicare</td> </tr> <tr> <td>N</td> <td>Cafeteria Plan -- Administrative Costs</td> </tr> </table>	<u>Code</u>	<u>Benefit</u>	A	Health and Hospitalization	B	Life Insurance	C	Social Security	D	Florida Retirement System	E	Commercial or Mutual Insurance Annuity Plan	F	Unemployment Compensation	G	Worker's Compensation	K	Cafeteria Plan	L	Other	M	Medicare	N	Cafeteria Plan -- Administrative Costs
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Item Number	From-To	Size	Field Char.	Field Description								
				<p style="text-align: center;">0 No Benefits</p> <p>The monetary value of the contribution to the selected employee benefit should be reported using two decimal places, as follows:</p> <p>Example: 00125000 = \$125.00 00000000 = No benefit received.</p> <p>Example: A00250000B00050000C00300000 The employee received \$2500.00 in monetary value for Health and Hospitalization, \$500.00 in monetary value was contributed towards Life Insurance benefits and \$3000.00 was contributed to Social Security benefits.</p> <p>NOTE: The Selected Benefits, Value should be the actual amount of the benefit attributable to the reported Job Code and should include only the employer's cost. Do not include any employee contributions.</p>								
8	126-152	27	A/N	Filler 								
9	153-153	1	A	Transaction Code								
				<p>A code indicating the appropriate action to be taken with respect to the district's data base reporting records.</p> <table style="margin-left: 40px;"> <thead> <tr> <th><u>Code</u></th> <th><u>Definition</u></th> </tr> </thead> <tbody> <tr> <td>A</td> <td>Add Record</td> </tr> <tr> <td>C</td> <td>Update Record</td> </tr> <tr> <td>D</td> <td>Delete Record</td> </tr> </tbody> </table>	<u>Code</u>	<u>Definition</u>	A	Add Record	C	Update Record	D	Delete Record
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