

**FLORIDA DEPARTMENT OF EDUCATION  
DOE INFORMATION DATA BASE REQUIREMENTS  
VOLUME II: AUTOMATED STAFF INFORMATION SYSTEM  
AUTOMATED STAFF DATA ELEMENTS**

<b>Implementation Date:</b> Fiscal Year 1994-95 July 1, 1994
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<b>Element Name:</b> <b>Selected Benefits, Type</b>																																	
<b>Definition/Domain</b>																																	
<p>A code to identify each type of benefit to which the school district contributes.</p> <p>See Appendix I: Selected Benefits Definitions.</p> <table style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: left;"><u>CODE</u></th> <th style="text-align: left;"><u>DEFINITION</u></th> </tr> </thead> <tbody> <tr><td><b>A</b></td><td>Health and Hospitalization</td></tr> <tr><td><b>B</b></td><td>Life Insurance</td></tr> <tr><td><b>C</b></td><td>Social Security</td></tr> <tr><td><b>D</b></td><td>Florida Retirement System</td></tr> <tr><td><b>E</b></td><td>Commercial or Mutual Insurance Annuity Plan</td></tr> <tr><td><b>F</b></td><td>Unemployment Compensation</td></tr> <tr><td><b>G</b></td><td>Worker's Compensation</td></tr> <tr><td><b>H</b></td><td>Uniform Allowances</td></tr> <tr><td><b>I</b></td><td>Terminal Pay</td></tr> <tr><td><b>J</b></td><td>Sick Leave Buy Back</td></tr> <tr><td><b>K</b></td><td>Cafeteria Plan</td></tr> <tr><td><b>L</b></td><td>Other</td></tr> <tr><td><b>M</b></td><td>Medicare</td></tr> <tr><td><b>N</b></td><td>Cafeteria Plan - Administrative Costs</td></tr> <tr><td><b>Z</b></td><td>No Benefits</td></tr> </tbody> </table> <p>NOTE: Report Code I and Code J in Survey 5 only as part of the element Selected Benefits, Type/Value.</p>		<u>CODE</u>	<u>DEFINITION</u>	<b>A</b>	Health and Hospitalization	<b>B</b>	Life Insurance	<b>C</b>	Social Security	<b>D</b>	Florida Retirement System	<b>E</b>	Commercial or Mutual Insurance Annuity Plan	<b>F</b>	Unemployment Compensation	<b>G</b>	Worker's Compensation	<b>H</b>	Uniform Allowances	<b>I</b>	Terminal Pay	<b>J</b>	Sick Leave Buy Back	<b>K</b>	Cafeteria Plan	<b>L</b>	Other	<b>M</b>	Medicare	<b>N</b>	Cafeteria Plan - Administrative Costs	<b>Z</b>	No Benefits
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<b>Length:</b>	1	<b>State Reporting Formats Requiring This Data Element:</b>																															
<b>Format:</b>	Alphabetic	Staff Benefits DB9 33x																															
<b>Compatibility Requirement:</b>	Compatible																																
<b>Use Types:</b>	<input checked="" type="checkbox"/> State Report <input checked="" type="checkbox"/> Local Accountability																																
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