

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

Implementation Date: Fiscal Year 1994-95 July 1, 1994
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Element Name: Selected Benefits, Type																																	
Definition/Domain																																	
<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 border="0"> <thead> <tr> <th align="left"><u>CODE</u></th> <th align="left"><u>DEFINITION</u></th> </tr> </thead> <tbody> <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>H</td><td>Uniform Allowances</td></tr> <tr><td>I</td><td>Terminal Pay</td></tr> <tr><td>J</td><td>Sick Leave Buy Back</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> <tr><td>Z</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>	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	H	Uniform Allowances	I	Terminal Pay	J	Sick Leave Buy Back	K	Cafeteria Plan	L	Other	M	Medicare	N	Cafeteria Plan - Administrative Costs	Z	No Benefits
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Length: 1	State Reporting Formats Requiring This Data Element:																																
Format: Alphabetic																																	
Compatibility Requirement: Compatible																																	
Use Types: <input checked="" type="checkbox"/> State Report <input checked="" type="checkbox"/> Local Accountability																																	
Data Element Number: 217745																																	
Reported in Survey Periods: <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5																																	
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