

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

Implementation Date: Fiscal Year 1997-98 July 1, 1997
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Element Name: Selected Benefits, Type/Value																																	
Definition/Domain																																	
<p>A code to identify up to fourteen types of benefits and their corresponding monetary values to which the school district contributed for the employee during the fiscal year being reported.</p> <p>Report the selected Benefits, Type in positions 1, 10, 19, etc. followed by the corresponding Selected Benefits, Value in the next eight positions.</p> <p>For Selected Benefits Type explanations, 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>O</td><td>No Benefits</td></tr> </tbody> </table> <p align="center">CONTINUED ON NEXT PAGE</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	O	No Benefits
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Length: 126	State Reporting Formats Requiring This Data Element: Staff Fiscal Year Benefits DB9 44x																																
Format: Alphanumeric																																	
Compatibility Requirement: Compatible																																	
Use Types: <input checked="" type="checkbox"/> State Report <input checked="" type="checkbox"/> Local Accountability																																	
217775	Reported in Survey Periods: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5																																
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Element Name: Selected Benefits, Type/Value (continued)

The monetary value of the contribution to the selected employee benefit should be reported using two decimal places, as follows.

00012500 = \$125.00

Note: The selected Benefits, Value should be the actual amount of the benefit attributable to the included any employee contributions.