

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

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

2002-2003 Staff Benefits

1. Submit this format during reporting periods 2 and 3. There should be one of these records for each type of benefit the individual receives from the district. For an employee receiving more than one benefit of a certain type, combine the benefits and submit only one record for each benefit type.
2. SELECTED BENEFITS, FREQUENCY: The data reported in this element should indicate the number of times per year the district will contribute the value of the benefit reported. For example, if the value is contributed 26 times per year for the employee, 2600 should be reported in this element.
3. SELECTED BENEFITS, VALUE: The value for the benefit contribution should be reported in this element. For example, if a district contributes \$65.00 per period, the value of \$65.00 should be reported as 00006500. The amount reported should be the actual value of the benefit and should include only the employer's cost. Do not include any employee contributions.
4. KEY FIELDS: The key fields for this format are item numbers 1, 2, 3, 4, and 5. If a key field needs to be changed, the record must be deleted and re-submitted as an add.

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EDUCATION INFORMATION AND ACCOUNTABILITY SERVICES/
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2002-2003 STAFF 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.: 6362 Record Type: 1 of 1 Activity No.: DB9 33B
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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. <u>Code</u> <u>Definition</u> 2 October 3 February
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 Jun30, 1988.

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Item Number	From-To	Size	Field Char.	Field Description																										
5	18-18	1	A	Selected Benefits, Type																										
				<p>A code to identify each type of benefit to which the school district contributes. See <u>DOE Information Data Base Requirements: Volume II -- Automated Staff Requirements System</u>, Appendix I, for definitions for each benefit.</p> <table style="width: 100%; border-collapse: collapse;"> <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>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>Workers' 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> <tr><td>Z</td><td>No benefits</td></tr> </tbody> </table>	<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	Workers' Compensation	K	Cafeteria Plan	L	Other	M	Medicare	N	Cafeteria Plan - Administrative Costs	Z	No benefits
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	19-20	2	A/N	Filler																										
7	21-28	8	N/R	Selected Benefits, Value																										
				<p>The monetary value of the contribution to the selected employee benefit.</p> <p>Example: 00012500 = \$125.00</p>																										

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8	29-29	1	A	<p>Transaction Code</p> <p>A code indicating the appropriate action to be taken with respect to the district's data base reporting records.</p> <p style="padding-left: 40px;"><u>Code</u> <u>Definition</u></p> <p style="padding-left: 40px;">A Add Record</p> <p style="padding-left: 40px;">C Update Record</p> <p style="padding-left: 40px;">D Delete Record</p>
9	30-33	4	N/R	<p>Selected Benefits, Frequency</p> <p>A four digit code (two decimal places are assumed) indicating the number of times per fiscal year a contribution is made to the selected employee benefit.</p> <p>Examples: 1000 The benefit is paid 10 equal times per year.</p> <p style="padding-left: 100px;">1050 The benefit is paid 10.5 times per year; i.e., 10 equal full contributions and one half of a contribution is made.</p> <p style="padding-left: 100px;">0100 The benefit is paid once in a year.</p>
10	34-80	47	A/N	Filler