

2017 - 2019

Voluntary Employee Incentive Programs Worksheet

EMPLOYEE IDENTIFICATION		PART 1				
Employee Name		Employee Number				
Department Name		Company Number				
Job Class Title	Job Class Code	Position Number				
PROGRAM IDENTIFICATION		PART 2				
<input type="checkbox"/> Reduced Work Week <input type="checkbox"/> Sporadic Leave <input type="checkbox"/> Unpaid Leave <input type="checkbox"/> Flexible Position Staffing						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Begin Date</td> <td style="width: 33%;">End Date</td> <td style="width: 33%;">Duration in Hours</td> </tr> </table>		Begin Date	End Date	Duration in Hours		
Begin Date	End Date	Duration in Hours				
PERSONAL SERVICES SAVINGS		PART 3				
MFASIS ACCOUNT # _____		ACCOUNT NAME _____				
C & O Code	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	
TOTALS						
APPROVALS		PART 4				
<input type="checkbox"/> Approved as Submitted by the Employee <input type="checkbox"/> Modified <input type="checkbox"/> Denied						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Prepared By:</td> <td style="width: 50%;">Date:</td> </tr> </table>		Prepared By:	Date:			
Prepared By:	Date:					

READ THE INSTRUCTIONS ON BACK

INSTRUCTIONS

Complete one of these worksheets for each Application you receive for Voluntary Programs. If an employee has applied for more than one program, complete a worksheet for each program. Complete a worksheet for every Application, whether the request is approved or denied. Should the terms of an individual's participation be changed after initial approval, submit a revised worksheet. Submit one copy to the Office of the State Controller and keep one copy for your records.

Part 1 This part should be self-explanatory.

Part 2 Check the one box for the program you are identifying. The Begin Date and the End Date are the dates the employee has requested - unless the request has been modified. If modified, enter the modified date.

Part 3 Enter the actual C&O affected by each position. C&O should be at the same four (4) significant digits used in the Work Program.

Enter the net dollar savings by C&O for each quarter as positive amounts in whole dollars. In calculating this figure, consider each compensation and benefit type affected that relates to a personal services C&O. Subtract any related costs from the projected savings to reach an accurate net savings figure. If a revised worksheet submission will reduce savings, include the net dollar cost of the change as a negative amount \$ (\$\$\$\$) by C&O for each quarter.

Calculate the compensation and benefit savings as follows:

1. Use the current Salary Schedule for the position (used to produce your personal services budget for the current fiscal year).
2. Use the employer retirement rates used to produce the personal services work programs for the current fiscal year and any subsequent changes in employer retirement rates.

Savings in a General Fund account will be removed by financial order from the resources available to the account. Worksheet revisions that reduce savings are not expected to result in financial orders to restore allotment in the affected accounts. However, if such a worksheet revision is anticipated to have a serious financial problem for the balance of the fiscal year, please contact the Bureau of the Budget for assistance.

Part 4 Submit this form to: Office of the State Controller
#14 State House Station