

BDS FISCAL

associated with

broadscope
DISABILITY SERVICES

Employer Handbook

Introduction

Broadscope Disability Services provides fiscal agency services as **BDS Fiscal** to families receiving CLTS Waiver funding. When using the fiscal agent method of employing an individual to work with your child, your child becomes the employer. You, as your child's parent/guardian, then take on all employer responsibilities. BDS Fiscal can assist you with this process.

As your fiscal agent, BDS Fiscal will process payroll for your employees, make the required tax withholdings, complete year end federal tax processes, and manage individual budget funds, among other duties. This packet will detail what your responsibilities are as the employer and what responsibilities you are designating to BDS Fiscal as your fiscal agent. Please read the following information carefully and contact us with any questions.

Contacting BDS Fiscal

BDS Fiscal
c/o Broadscope Disability Services
6102 West Layton Avenue
Greenfield, WI 53220

Phone: 414-329-4500

Fax: 414-329-4510

Email: bdsfiscal@broadscope.org

Website: www.broadscope.org

BDS Fiscal Staff

Becky Reis
Program Manager
414-329-4509

Sara Barron
Fiscal Coordinator
414-329-4512

How to Be an Employer

Job Duties

- What needs to be done – clearly define the job when talking to potential providers
 - What is the job? Discuss your child and your family's needs.
 - How does it need to be done? Define your expectations.
 - How much work and when does it need to be done? Morning, evening, etc.
- What are the hours
 - Is the schedule flexible, or not? For example, housekeeping or laundry can be done anytime but dressing and bathing may need to be done to match other schedules.
 - Will your needs vary during school breaks or other times?
- Who will supervise
 - Interview – explain your role as employer and define your expectations
 - Work quality – how is work quality defined?
 - Timesheet approval – explain the timesheet process

How to Find an Employee

- Utilize trusted friends and family. You may have up to **4** employees through BDS Fiscal. Minimum age of employees is determined by your county.
- Job Posting – if you are struggling to find a provider, consider:
 - BDS Fiscal Provider List – ask to see our list of potential providers we have already background checked. A short biography and contact information included for each person.
 - Internet – post ads in local groups or online classifieds. Be wary of spam and scammers.
 - Post a newspaper ad (can be costly).
- Applications – if you post your job, how will someone apply? Email, phone, in person?
- Interviewing – you will want to interview any potential candidates to ensure they are a good fit for your family. See next section for tips.
- References – you are encouraged to ask for references. BDS Fiscal can provide you with sample questions if needed.
- Background Checks – BDS Fiscal will conduct background checks for all employees.
- Job Offer – clear statement of job, rate, hours, and duties.

Interviewing Tips

- A candidate should be treated the way you want to be treated. A warm, friendly manner will set the candidate at ease and make the interview go more smoothly.
- Thoroughly describe the position and responsibilities. Review job description & hours of the job.
- Talk about your child, their needs, and your needs as a family. Discuss house dynamics and how the candidate would fit in.
- Asking open ended questions encourages more than a yes or no answer.
- Always allow the person a chance to ask questions.
- Always thank the person for their time.

Good Interview Questions

- What kind of experience do you have?
- What skills do you have that would help you in this position?
- What are you looking for in a job?
- What motivates you to do your job well?
- Are you able to perform the essential functions of the job?

Do Not Ask

- *Are you married? Dating anyone?*
- *Do you have children / are you planning to have children?*
- *Have your wages ever been garnished?*
- *Do you have a disability?*
- *How often do you drink?*
- *What is your religion?*

Employee Protections & Discrimination Laws

- Age
- Disability
- Race
- Religion
- National Origin
- Sex
- Pregnancy
- Diversity
- Harassment
- Drug Testing
- Polygraph Testing
- Sexual Harassment

Hiring the Employee

- Agreement about hours and rate of pay
- Employee Handbook – contains background check forms, W-4, guidelines, etc.
- I-9: IRS form to show work eligibility – in Employee Handbook. You will review the documents the employee provides to verify their identity. See <https://www.uscis.gov/i-9> for detailed instructions.
 - Employees can also bring their documentation to the BDS Fiscal office for us to verify.

Employer/Employee Relationship

- Communication
 - Clear, honest, fair
 - State expectations
- Retention
 - Turnover is costly & time consuming
 - Appreciation for good work is key: specific, sincere, timely
- Performance Reviews
 - Time for both sides to review & clarify
 - Communicate goals and expectations
- Delivering Negative Feedback
 - Be constructive
 - Give specific examples of the problem and how to improve
- Misconduct
 - Late or absent
 - Failure to follow rules/complete work
 - Progressive Discipline
 - Verbal, then written warning
 - 30 day notice
 - Termination

Other Items

- Safety Guidelines – see OSHA standards online at <https://www.osha.gov/law-regs.html>
- Workers' Compensation – Workers' Compensation insurance is purchased to protect employees who may be hurt on the job. BDS Fiscal will arrange this.

CRITICAL INCIDENT REPORTING OVERVIEW

What is a critical incident?

A critical incident is any actual or alleged event or situation that creates a significant risk or serious harm to the physical, mental health, safety, or well being of the child. The critical incidents that must be reported to your Support and Service Coordinator include:

- Any abuse or neglect of the child known or suspected
- Errors in medical or medication management that result in a significant adverse reaction that requires medical attention
- The initiation of an investigation by law enforcement of an event or allegation regarding a child as either a perpetrator or victim, unless such action is a component of an approved crisis or treatment plan.
- Significant and substantial damage to the residence of the child or service provider.
- Use of isolation, seclusion, or restraint by a service provider which is not included and approved as part of a behavior support plan.
- An unexpected event or behavior that causes a serious injury or risk to the child; which may include running away, setting a fire, violence, hospitalization resulting from an accident, suspected or confirmed suicide attempts, or death of the child.

If any of these incidents occur please contact your Support & Service Coordinator.

Waukesha County DHHS: 262-548-7212

Washington County HSD: 262-335-4610

Ozaukee County DHS: 262-284-8200

Racine County HSD: 262-638-7720

Why is a critical incident reported?

- The assurance of health, safety, and welfare of the child is a condition of all Medicaid Waivers by the federal Centers for Medicare and Medicaid Services.
- One of the ways both the State and contracted agents assure health, safety, and welfare of the child is by individually reporting, monitoring, and resolving critical incidents.
- To address incidents as they occur and decrease the likelihood of a recurrence.

How is a critical incident reported?

- As soon as possible families and providers are required to report critical incidents to their agency Support and Service Coordinator.
- Agency Support and Service Coordinators are required to immediately report critical incidents to the State staff responsible for the CLTS Waiver program to ensure necessary steps have been taken to protect the child and assure safety.
- Agency Support & Service Coordinators are required to submit a final report within 30 days of the incident.

What happens after a critical incident is reported?

- Support and Service Coordinators are expected to address and resolve situations and implement systems to decrease the likelihood of a recurrence.
- The State staff responsible for the CLTS Waiver program will use information collected in critical incident reports to identify statewide or regional trends, which will then allow for the development of training or interventions to decrease the likelihood of recurrence.

If a critical incident occurs, families and providers should seek all necessary care and assistance from medical or emergency personnel as appropriate. This reporting procedure does not provide an immediate response or replace other mandatory reporting expected of agency personnel.

When you hire a provider, their employee packet will contain a copy of this overview as well as a form acknowledging receipt of this information that both parties will need to sign.

Forms Checklist for Employers Using BDS Fiscal

Please return ALL of the forms listed below, including this checklist, to BDS Fiscal. Each of these forms will have the heading 'Send to BDS' in the upper right corner and may be returned via mail, fax, or email. You are encouraged to make copies of anything you sign before mailing. You may also contact BDS Fiscal for copies of your paperwork if needed.

Each employee you hire will receive an Employee Handbook. It will have two releases of information for you to sign: one to allow your employee and Waukesha County to share information, and one for your employee and BDS Fiscal. There will also be several forms for both you and the employee to sign.

BDS Fiscal
c/o Broadscope Disability Services
6102 West Layton Avenue
Greenfield, WI 53220

Fax: 414-329-4510
Email: bdsfiscal@broadscope.org

Scans or pictures of your documents need to be clearly legible.

- Forms Checklist - page 6
- Fiscal Agent Agreement - page 7
- Fiscal Agent Release - page 8
- Form SS-4 Application for Employer Identification Number - page 10
- Signature Authorization for Tax Forms, Proliant POA - page 11

Name of child receiving services: _____

Parent/Guardian email address: _____

We will communicate program updates & information primarily via email. Do you also want to receive notifications about giveaways, special events, resources, etc. via email? Yes No

My signature verifies that all of the above forms are filled out completely and accurately and will be returned to BDS Fiscal via the contact information listed above.

PARENT/GUARDIAN SIGNATURE

DATE

Print form to add signature

Any person who pays another person to provide services for him or her has the right and responsibility to hire, fire, supervise, train, set hours of work, determine rates, control payment, assign tasks and duties, determine working conditions, and provide tools and supplies. The person with these rights is the Employer. Any person providing these services is the Employee.

Note: some Employer obligations are different when the Employee is the Employer's spouse, parent, or child under 18, as described below. However, neither the child's parents nor any spouse of the child's parents is eligible to provide CLTS Waiver services to the child.

For each Employee, the Employer has the obligation to:

1. Pay a wage at least equal to the Federal and State minimums.
2. Arrange for social security benefits for Employees earning more than \$50.00 in a calendar quarter who are not the Employer's Spouse, Parent, or Child under 18.
3. Arrange for Worker's Compensation benefits.
4. Arrange for Unemployment Compensation benefits for Employees paid more than \$1000.00 in a calendar quarter who are not the Employer's Spouse, Parent, or Child under 18.
5. Arrange for the maintenance of the records and file the necessary forms with the appropriate Federal and State agencies to comply with bullets 2, 3, and 4 above.

In addition, the Employee will not work over 40 hours in a work week (Sunday-Saturday) unless employee is authorized to provide full day of care at day rate.

I have read and understood the above information and I make the following election regarding my responsibility as an Employer. By my signature below, I wish to have **BDS Fiscal** appointed as my fiscal agent on behalf of me as the Employer to ensure timely recording and payment of required benefits.

Employer Representative / **Parent Signature**
Print form to add signature

Date

Name of **child** receiving services

Fiscal Agent Release

Does your child already have a Tax ID Number (TIN) or Employer ID Number (EIN)? (e.g. if they have been an employer before or if they needed one for a trust account)

Yes → TIN/EIN: _____ No or not sure

Have you had a fiscal agent before (aside from BDS Fiscal/Broadscope Disability Services)?

No → *sign here and leave rest of form blank:* _____
Print form to add signature

Yes, currently have a fiscal agent Yes, had a fiscal agent in the past

If you currently have or have previously had a fiscal agent, BDS Fiscal may need to contact them so that your payroll records are reported correctly to both the state and federal governments.

Name of other Fiscal Agent: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Phone: (_____) _____ - _____ Fax: (_____) _____ - _____

By signing below, I authorize BDS Fiscal and the above named Fiscal Agent to share information regarding the fiscal agent history and records of my child _____ DOB _____, of whom I certify I am the parent/legal guardian and thus their Employer Representative.

**BDS Fiscal is associated with Broadscope Disability Services, Inc.
6102 West Layton Avenue, Greenfield, WI, 53220 ♦ Phone: 414-329-4500 ♦ Fax: 414-329-4510**

Employer Representative/**Parent** Name – Printed

Employer Representative/**Parent Signature**

Print form to add signature

Date

Do I Need an EIN?

File Form SS-4 if the applicant entity doesn't already have an EIN but is required to show an EIN on any return, statement, or other document.¹ See also the separate instructions for each line on Form SS-4.

IF the applicant...	AND...	THEN...
started a new business	doesn't currently have (nor expect to have) employees	complete lines 1, 2, 4a-8a, 8b-c (if applicable), 9a, 9b (if applicable), and 10-14 and 16-18.
hired (or will hire) employees, including household employees	doesn't already have an EIN	complete lines 1, 2, 4a-6, 7a-b, 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10-18.
opened a bank account	needs an EIN for banking purposes only	complete lines 1-5b, 7a-b, 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18.
changed type of organization	either the legal character of the organization or its ownership changed (for example, you incorporate a sole proprietorship or form a partnership) ²	complete lines 1-18 (as applicable).
purchased a going business ³	doesn't already have an EIN	complete lines 1-18 (as applicable).
created a trust	the trust is other than a grantor trust or an IRA trust ⁴	complete lines 1-18 (as applicable).
created a pension plan as a plan administrator ⁵	needs an EIN for reporting purposes	complete lines 1, 3, 4a-5b, 7a-b, 9a, 10, and 18.
is a foreign person needing an EIN to comply with IRS withholding regulations	needs an EIN to complete a Form W-8 (other than Form W-8ECI), avoid withholding on portfolio assets, or claim tax treaty benefits ⁶	complete lines 1-5b, 7a-b (SSN or ITIN as applicable), 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18.
is administering an estate	needs an EIN to report estate income on Form 1041	complete lines 1-7b, 9a, 10-12, 13-17 (if applicable), and 18.
is a withholding agent for taxes on nonwage income paid to an alien (that is, individual, corporation, or partnership, etc.)	is an agent, broker, fiduciary, manager, tenant, or spouse who is required to file Form 1042, Annual Withholding Tax Return for U.S. Source Income of Foreign Persons	complete lines 1, 2, 3 (if applicable), 4a-5b, 7a-b, 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18.
is a state or local agency	serves as a tax reporting agent for public assistance recipients under Rev. Proc. 80-4, 1980-1 C.B. 581 ⁷	complete lines 1, 2, 4a-5b, 7a-b, 9a, 10, and 18.
is a single-member LLC (or similar single-member entity)	needs an EIN to file Form 8832, Entity Classification Election, for filing employment tax returns and excise tax returns, or for state reporting purposes ⁸ , or is a foreign-owned U.S. disregarded entity and needs an EIN to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business	complete lines 1-18 (as applicable).
is an S corporation	needs an EIN to file Form 2553, Election by a Small Business Corporation ⁹	complete lines 1-18 (as applicable).

¹ For example, a sole proprietorship or self-employed farmer who establishes a qualified retirement plan, or is required to file excise, employment, alcohol, tobacco, or firearms returns, must have an EIN. A partnership, corporation, REMIC (real estate mortgage investment conduit), nonprofit organization (church, club, etc.), or farmers' cooperative must use an EIN for any tax-related purpose even if the entity doesn't have employees.

² However, don't apply for a new EIN if the existing entity only (a) changed its business name, (b) elected on Form 8832 to change the way it is taxed (or is covered by the default rules), or (c) terminated its partnership status because at least 50% of the total interests in partnership capital and profits were sold or exchanged within a 12-month period. The EIN of the terminated partnership should continue to be used. See Regulations section 301.6109-1(d)(2)(iii).

³ Don't use the EIN of the prior business unless you became the "owner" of a corporation by acquiring its stock.

⁴ However, grantor trusts that don't file using Optional Method 1 and IRA trusts that are required to file Form 990-T, Exempt Organization Business Income Tax Return, must have an EIN. For more information on grantor trusts, see the Instructions for Form 1041.

⁵ A plan administrator is the person or group of persons specified as the administrator by the instrument under which the plan is operated.

⁶ Entities applying to be a Qualified Intermediary (QI) need a QI-EIN even if they already have an EIN. See Rev. Proc. 2000-12.

⁷ See also *Household employer agent* in the instructions. **Note:** State or local agencies may need an EIN for other reasons, for example, hired employees.

⁸ See *Disregarded entities* in the instructions for details on completing Form SS-4 for an LLC.

⁹ An existing corporation that is electing or revoking S corporation status should use its previously-assigned EIN.

Form SS-4 Application for Employer Identification Number (page 10)

Because your child will be an employer, your child will need a federal Employer Identification Number (EIN), also called a Taxpayer ID Number. This form allows us to apply for that ID number. More information and full instructions can be found at <https://www.irs.gov/formSS4>.

Fill out the form as follows: **1** Your child's name **4a-b** Your mailing address **5a-b** Your street address (if different)
6 Your county **7a** Your name **7b** Your SSN **9a** Your child's SSN **18** Check yes/no

Then sign, date, and fill in your phone number at the bottom.

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)
 ▶ Go to www.irs.gov/FormSS4 for instructions and the latest information.
 ▶ See separate instructions for each line. ▶ Keep a copy for your records.

SEND TO BDS

OMB No. 1545-0003

EIN

1	Legal name of entity (or individual) for whom the EIN is being requested	
Type or print clearly.	2	Trade name of business (if different from name on line 1) N/A
	3	Executor, administrator, trustee, "care of" name N/A
	4a	Mailing address (room, apt., suite no. and street, or P.O. box)
	5a	Street address (if different) (Don't enter a P.O. box.)
4b	City, state, and ZIP code (if foreign, see instructions)	5b City, state, and ZIP code (if foreign, see instructions)
6	County and state where principal business is located	
7a	Name of responsible party	7b SSN, ITIN, or EIN
8a	Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8b	If 8a is "Yes," enter the number of LLC members ▶	
8c	If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9a	Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check.	
	<input checked="" type="checkbox"/> Sole proprietor (SSN) _____	<input type="checkbox"/> Estate (SSN of decedent) _____
	<input type="checkbox"/> Partnership _____	<input type="checkbox"/> Plan administrator (TIN) _____
	<input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____	<input type="checkbox"/> Trust (TIN of grantor) _____
	<input type="checkbox"/> Personal service corporation _____	<input type="checkbox"/> Military/National Guard <input type="checkbox"/> State/local government
	<input type="checkbox"/> Church or church-controlled organization _____	<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government
	<input type="checkbox"/> Other nonprofit organization (specify) ▶ _____	<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises
	<input type="checkbox"/> Other (specify) ▶ _____	Group Exemption Number (GEN) if any ▶ _____
9b	If a corporation, name the state or foreign country (if applicable) where incorporated	State: N/A Foreign country: _____
10	Reason for applying (check only one box)	<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____
	<input checked="" type="checkbox"/> Started new business (specify type) ▶ <u>Homecare</u>	<input type="checkbox"/> Changed type of organization (specify new type) ▶ _____
	Service Recipient	<input type="checkbox"/> Purchased going business
	<input type="checkbox"/> Hired employees (Check the box and see line 13.)	<input type="checkbox"/> Created a trust (specify type) ▶ _____
	<input type="checkbox"/> Compliance with IRS withholding regulations	<input type="checkbox"/> Created a pension plan (specify type) ▶ _____
	<input type="checkbox"/> Other (specify) ▶ _____	
11	Date business started or acquired (month, day, year). See instructions.	
12	Closing month of accounting year	
13	Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.	
	Agricultural	Household
		Other
14	If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$5,000 or less in total wages.) If you don't check this box, you must file Form 941 for every quarter. <input type="checkbox"/>	
15	First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶	
16	Check one box that best describes the principal activity of your business.	
	<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Retail	<input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-other
	<input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) ▶ <u>Homecare Service Recipient</u>	
17	Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.	
18	Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If "Yes," write previous EIN here ▶	

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name Broadscope Disability Services, Inc	Designee's telephone number (include area code) 414-329-4500
	Address and ZIP code 6102 West Layton Avenue, Greenfield, WI 53220	Designee's fax number (include area code) 414-329-4510
	Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.	
Name and title (type or print clearly) ▶	Parent/Guardian	
Signature ▶	Date ▶	Applicant's telephone number (include area code)
		Applicant's fax number (include area code)

SEND TO BDS

This is a fillable form

Company Name: _____
(Child's name)

This signature will be used to create Power of Attorney forms and Electronic Fund Transfer (EFT) agreements on behalf of your company. Proliant, Inc. uses the Power of Attorney forms to obtain account information such as filing frequencies, tax rates, account numbers, and to resolve any account discrepancies that may occur. EFT agreements allow Proliant, Inc. to pay your taxes electronically, which is a much faster and accurate form of payment. Power of Attorney forms are required for our Full tax service.

Power of Attorney forms should be signed by an officer of the company.

Please Use the following Signature:

Print form to add signature

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Sole Proprietor

Title

Company Name (Child's name)

BDS Fiscal 2024 Payroll Payment Schedule

Pay Period Dates 12:00am start date thru 11:59pm end date	DEADLINE: Supervisor APPROVED	Pay Date Will be paid on:
P1: 12/16/2023 - 12/31/2023	1/2/2024	1/12/2024
P2: 1/1/2024 - 1/15/2024	1/17/2024	1/31/2024
P3: 1/16/2024 - 1/31/2024	2/4/2024	2/15/2024
P4: 2/1/2024 - 2/15/2024	2/18/2024	2/29/2024
P5: 2/16/2024 - 2/29/2024	3/4/2024	3/15/2024
P6: 3/1/2024 - 3/15/2024	3/17/2024	3/29/2024
P7: 3/16/2024 - 3/31/2024	4/2/2024	4/15/2024
P8: 4/1/2024 - 4/15/2024	4/17/2024	4/30/2024
P9: 4/16/2024 - 4/30/2024	5/3/2024	5/15/2024
P10: 5/1/2024 - 5/15/2024	5/18/2024	5/31/2024
P11: 5/16/2024 - 5/31/2024	6/3/2024	6/14/2024
P12: 6/1/2024 - 6/15/2024	6/16/2024	6/28/2024
P13: 6/16/2024 - 6/30/2024	7/2/2024	7/15/2024
P14: 7/1/2024 - 7/15/2024	7/18/2024	7/31/2024
P15: 7/16/2024 - 7/31/2024	8/4/2024	8/15/2024
P16: 8/1/2024 - 8/15/2024	8/18/2024	8/30/2024
P17: 8/16/2024 - 8/31/2024	9/2/2024	9/13/2024
P18: 9/1/2024 - 9/15/2024	9/18/2024	9/30/2024
P19: 9/16/2024 - 9/30/2024	10/2/2024	10/15/2024
P20: 10/1/2024 - 10/15/2024	10/18/2024	10/31/2024
P21: 10/16/2024 - 10/31/2024	11/3/2024	11/15/2024
P22: 11/1/2024 - 11/15/2024	11/17/2024	11/29/2024
P23: 11/16/2024 - 11/30/2024	12/3/2024	12/13/2024
P24: 12/1/2024 - 12/15/2024	12/17/2024	12/30/2024

- **PAY PERIODS:** the 1st–15th and the 16th–last day of each month from 12:00am (midnight) to 11:59pm.
- **DEADLINE:** timesheets must be approved by parent/ guardian by due date in order to be paid on time (no exceptions).
- **PAY DATES:** the 15th/last day of the month, or the business day before if falling on a weekend or holiday.