

Judicial Branch PROCUREMENT OPPORTUNITY

TO: Bid/Proposal Manager

FROM:

DATE:

SUBJECT:

- Invitation for Bids (IFB)
- Request for Proposals (RFP)
- Request for Proposals Professional and Artistic Services (RFP P&A)

The Administrative Office of the Illinois Courts (AOIC) is requesting proposals from responsible vendors to meet the Judicial Branch's needs for an integrated Payroll, Human Resource, and Timekeeping/Leave (Payroll/HR) application. If you are interested and able to meet these requirements, we would appreciate and welcome an offer.

Brief Description:

This project's scope of work includes defining and documenting the Functional Requirements for an integrated Payroll/HR application which includes a description of application workflows, menus and screens, online and printed reporting capabilities, ad hoc report capabilities, and the technical specifications for the delivery of this application. Responses to this RFP must include a project plan, milestones, timelines, and itemized costs to install and deliver a fully functional Payroll/HR application which meets the needs of the Judicial Branch. The proposal must describe and detail all annual licensing and support requirements, costs, and system upkeep / maintenance requirements. The project must also include data migration from all existing applications and spreadsheets into the new system, system testing, end user and technical training, and system/program documentation.

The vendor's proposal must provide a detailed project plan indicating project phases or milestones, timelines, resource requirements, and costs to successfully deliver a commercial or customized application. The proposal must be structured in a logical easy to read format that clearly identifies the objectives, capabilities, and functionality of the application. The vendor's proposal must identify a system change process to allow the incorporation of enhancements which were not initially included in the Functional Requirements. The vendor's proposal can include the option to customize a Commercial-off-the-Shelf (COTS) application or to fully design and develop a Payroll/HR application.

The Functional Requirements must describe and include specifications detailing the workflow of key application modules, the menu structure, system interfaces, security and access capabilities, sample screens and reports which will be provided in the Payroll/HR application. The Functional Requirements must also detail the technical requirements, all hardware and software requirements, and any specific technologies and tools required to develop, implement, and maintain the Payroll/HR application. System documentation must be provided which describes the technical infrastructure, security, source code, and administrative management of the application.

Upon completion of the RFP process, the selected vendor is expected to enter into a binding contract with the (AOIC), which will include the contractual terms specified in this RFP and agreed to by both parties.

This solicitation package consists of the following sections:

- 1) Instructions for Submitting Offers (Pages 3 through 9)
This section advises what you need to know and complete when preparing and submitting an offer to us. It also identifies how we will evaluate your offer. The first page of the Instructions, the "Custom Page," will provide dates, locations and other information specific to this solicitation. For our purposes, the term "Offer" represents the response to the Request for Proposals and may sometimes be called a "bid" or "proposal".

- 2) Solicitation Response Forms (Pages 9 through 45)
We have presented our needs in the form of a proposed "Contract for Supplies and/or Services" which shows the specifications, how the offer must be priced, contract terms and other requirements. In addition, you must provide information about your company requested in the "Vendor Prequalification" section, including certain conflict of interest disclosures. Your response to this solicitation is voluntary, but without requested information we will not be able to consider your response.
- 3) Appendix A - Functional Requirements – Payroll/HR Application
The Requirements section in this RFP describes the specifications and requirements of the Payroll/HR application. Various forms and reports are included to identify the fields and information necessary for each of the systems described in the Payroll/HR application.
- 4) Appendix B - Database Infrastructure – Payroll/HR Application
Appendix B describes the technical environment to be used to support the Payroll/HR application.

Please read the entire solicitation package and submit your offer in accordance with the Instructions. The "Solicitation Response Forms", completed, signed and returned by you, will constitute your offer. Do not submit the Instruction pages with your offer. You should keep the Instructions and a copy of your offer (Solicitation Response Forms) for future reference.

INSTRUCTIONS FOR SUBMITTING OFFERS
(CUSTOM PAGE)

1.1 SUBMIT PROPOSALS TO:

One (1) Electronic copy of complete proposal (signed) in a PDF format. Pricing information should be in a separate PDF document sent to the same e-mail address.

RFPPayrollProposal@illinoiscourts.gov

(Note: Offers will be opened at the above address.)

1.2 DUE DATE AND TIME FOR SUBMISSION AND OPENING:

Date: November 17, 2014

Time: Midnight

1.3 NUMBER OF COPIES: Submit a signed original of your offer to the e-mail address provided above.

1.4 OFFER FIRM TIME: 120 Days from Opening

1.5 SECURITY: Offer \$ N/A Performance \$ N/A

1.6 VENDOR CONFERENCE/SITE VISIT: Yes No
Mandatory Attendance: Yes No

Date and Time: October 8, 2014 10:00a cst.

Location: Administrative Office of the Illinois Courts
3101 Old Jacksonville Road
Springfield, IL 62704

Video Conference Available: Administrative Office of the Illinois Courts
222 N. LaSalle Street, 13th Floor
Chicago, IL 60601

Teleconference Available: Teleconference information will be provided at a later date.

Note: **RSVP No later than 5:00pm cst., October 3, 2014, to RFPPayrollProposal@illinoiscourts.gov**
RSVP Response should indicate attendance and location for Vendor Conference

1.7 PROJECT CONTACTS:

Please post questions to RFPPayrollProposal@illinoiscourts.gov. All questions received, along with corresponding answers will be posted to this address.

1.8 PROTEST REVIEW OFFICE:

Protests may be filed electronically to the following e-mail address:

RFPPayrollProposal@illinoiscourts.gov

1.9 STATUTORY CITATIONS. This solicitation is governed by Illinois law. You will find a number of statutory references in the solicitation that are designated "**ILCS**". The official text can be found in the appropriate chapter and section of the Illinois Compiled Statutes.

1.10 SUBMISSION OF OFFER. (see CUSTOM PAGE). Please submit a signed original of your offer to the e-mail address provided above. Once your offer is received, an electronic acknowledgment will be provided to the e-mail address you identify. We must actually receive offers as specified. It shall not be sufficient to show that you commenced delivery before the due date and time. All times are State of Illinois local

- 1.12 MODIFICATION/WITHDRAWAL OF OFFER.** Written requests to modify or withdraw the offer received by the AOIC prior to the scheduled opening time will be accepted and will be corrected after opening. No oral requests will be allowed. Requests must be addressed and labeled in the same manner as the offer and marked as a MODIFICATION or WITHDRAWAL of the offer.
- 1.13 QUESTIONS.** Please direct all questions (and requests for ADA accommodations) to the e-mail address identified as the PROJECT CONTACT (see CUSTOM PAGE). Questions received less than seven calendar days prior to the due date and time may be answered at the discretion of the AOIC. We will provide written answers to questions of a general nature or which would affect the solicitation on the website identified herein. Only written answers to questions shall be binding on the AOIC.
- 1.14 VENDOR CONFERENCE/SITE VISIT.** (see CUSTOM PAGE). Attendance at the VENDOR CONFERENCE/SITE VISIT is not a mandatory condition of submitting an offer, but it is strongly encouraged. The conference/site visit provides interested parties an opportunity to discuss the Judicial Branch's needs, inspect the site and ask questions. During any site visit you must fully acquaint yourself with the conditions as they exist and the character of the operations to be conducted under the resulting contract.
- 1.15 RESPONSIBILITY TO READ AND UNDERSTAND.** Failure to read, examine and understand the solicitation will not excuse any failure to comply with the requirements of the solicitation or any resulting contract, nor shall such failure be a basis for claiming additional compensation. If you suspect an error, omission or discrepancy in this solicitation, you must immediately send notification to the AOIC Project Contact. We will issue written instructions, if appropriate.
- 1.16 OPENING.** (see CUSTOM PAGE). We will open all offers properly and timely submitted, and will record the names and other information specified by law and rule. All offers become the property of the Judicial Branch and will not be returned except in the case of a late submission.
- 1.17 LATE DELIVERY.** We will not consider offers received at the opening location after the stated due date and time.
- 1.18 OFFER FIRM TIME.** (see CUSTOM PAGE). Offers shall remain firm and unaltered after opening for the number of days shown. We may accept your offer, subject to successful contract negotiations, at any time during the offer firm time.
- 1.19 SECURITY.** (see CUSTOM PAGE). You must provide any required offer security (i.e., bid bond) with the offer, and performance security within 10 days of our accepting your offer unless a different time is specified herein. Security shall be in the form of a bond unless otherwise agreed.
- 1.20 PRESENTATIONS AND INSPECTIONS.** You must provide a formal presentation of the offer upon request. We reserve the right to inspect and review your facilities, equipment and personnel and those of any identified subcontractors.
- 1.21 BEST AND FINAL.** We may request best and final offers if deemed necessary, and will determine the scope and subject of any best and final request. However, you should not expect that we will ask for best and finals to give you an opportunity to strengthen your proposal. Therefore, you must submit your best offer based on the terms and conditions set forth in this solicitation.
- 1.22 EVALUATION AND AWARD.** We evaluate offers using criteria shown in this solicitation. If we select your offer for award, we will send you written notice. Such notice will extend the Offer Firm Time until we sign a contract or determine negotiations with you have failed. Receipt of a notice of award is not equivalent to a contract with the AOIC. Protested awards are subject to resolution of the protest.

- 1.23 PROTESTS.** If you object to any provision of the solicitation, believe we improperly rejected your offer, or believe the selected offer is not in the Judicial Branch's best interest, you may submit a written protest. We must receive the protest within 7 calendar days after you know or should have known of the facts giving rise to the protest. You must submit your protest to the PROTEST REVIEW OFFICE (see CUSTOM PAGE). We will consider only written protests that are properly and timely submitted. We will issue a written decision and that decision is final.
- 1.24 CONTRACT NEGOTIATIONS.** You must be prepared for us to accept your offer as submitted. However, we may require contract negotiations if necessary or desirable. If negotiations do not result in an acceptable agreement, we may reject your offer or revoke the award, and may begin negotiations with another vendor. Final contract terms must be approved or signed by the appropriately authorized AOIC official(s).
- 1.25 COMMENCEMENT OF WORK.** If you begin any billable work prior to the AOIC's final approval and execution of the contract, you do so at your risk.
- 1.26 RESERVATIONS.** We reserve the right to reject all offers; to reject individual offers for failure to meet any requirement; to award by item, part or portion of an item, group of items, or total; and to waive minor defects. We may seek clarification of the offer from you at any time, and failure to respond is cause for rejection. Clarification is not an opportunity to change the offer. Submission of an offer confers on you no right to an award or to a subsequent contract. This process is for the Judicial Branch's benefit only and is to provide the AOIC with competitive information to assist in the selection process. All decisions on compliance, evaluation, terms and conditions shall be made solely at our discretion and made to favor the Judicial Branch.
- 1.27 VENDOR CONTACT.** We will consider the person who signed your offer to be your contact person for all matters pertaining to the offer unless you designate some other person in writing.
- 1.28 COST OF PREPARATION.** We are not responsible for and will not pay any costs associated with the preparation and submission of your offer.
- 1.29 PUBLIC INFORMATION.** Upon award, the name of the successful vendor and price will be made available to the public to allow for meaningful review and protest. Upon award, we will disclose only the name of the unsuccessful offers.
- 1.30 PUBLIC CONTRACTS NUMBER.** Vendors with 15 or more employees must have a Public Contracts Number issued by (or completed application submitted to) the Illinois Department of Human Rights (IDHR) prior to the opening date. Contact IDHR at (312) 814-2431.
- 1.31 OUT OF STATE COMPANIES.** Please contact the Illinois Secretary of State at (217) 782-1834 regarding a Certificate of Authority to Transact Business in Illinois (**805 ILCS 5/13**). Application Form BCA 13.15 may be downloaded from:
"www.cyberdriveillinois.com/publications/bca.1315.pdf"
- 1.32 NON-DISCRIMINATION POLICY.** In compliance with the State and Federal Constitutions, the Illinois Human Rights Act, the U.S. Civil Rights Act, and Section 504 of the Federal Rehabilitation Act, the State of Illinois does not unlawfully discriminate in employment, contracts, or any other activity.
- 1.33 COMPLETION OF SOLICITATION RESPONSE FORMS.** The Solicitation Response forms consist of the "Contract for Supplies and Services" and "Vendor Prequalification" information. **You must complete, respond to and submit all sections of each set of forms including attachments, clearly show any "exceptions", sign and return each of the forms as indicated.** We may provide an electronic form of this solicitation and require that you respond in like form (see CUSTOM PAGE). The electronic version may include additional instructions.

- a) **CONTRACT FOR SUPPLIES AND SERVICES.**
This is the part of the solicitation that shows what we require in terms of specifications, contract terms and other requirements. The Contract for Supplies and Services is arranged as follows:

Contract Format and Signature
Description of Supplies and Services
Pricing/Compensation
Standard Terms and Conditions
Supplemental Terms and Conditions
Vendor Provided Additional Material and Exceptions

The Contract Format and Signature identifies the parties and the other elements of what will be the contract. By signing on the line provided, you are making an offer to perform in accordance with the terms and conditions found in each section of the proposed contract as modified by any exceptions properly noted. The AOIC may accept your offer as submitted by signing the Contract Format and Signature page or may propose a counter-offer. It may be necessary to make modifications to the forms after award, or as a condition to award, to accurately reflect the final understanding of the Parties. Submit two copies of the Contract Format and Signature page if you wish to have an original signature returned to you.

Show price information in the Pricing/Compensation attachment. **When responding to a Request for Proposals, place this attachment in a separate e-mail.**

Any Supplemental Terms and Conditions required by the AOIC will be noted, attached and will supercede anything to the contrary in the Standard Terms and Conditions.

The attachment, Vendor Provided Additional Material and Exceptions, is where you provide any additional material that you want us to evaluate, and give detailed descriptions of any exceptions you propose.

- b) **VENDOR PREQUALIFICATION.**
You must sign the "Vendor Prequalification Format and Signature" page and provide the information requested in the attachments. This information is used to determine whether you qualify as a "responsible" vendor. If you do not provide this information, we may be unable to consider your offer. The "Vendor Prequalification" section is arranged as follows:

Vendor Prequalification Format and Signature
Business and Directory information
References
Illinois Department of Human Rights (IDHR) Public Contract Number
Minority, Female, Person with Disability Status and Subcontracting
Conflict of Interest Disclosures
Disclosure of Business in Iran
Business Entities – Registration with the State Board of Elections
Taxpayer Identification Number

1.34 CRITERIA FOR EVALUATION AND AWARD. We evaluate four categories of information: administrative compliance, vendor responsibility, responsiveness and price. All offers, regardless of the type of solicitation, must meet the following administrative and responsibility criteria.

- a) **Administrative Compliance.** We will determine whether the offer complied with the Instructions for Submitting Offers. We must reject your offer if you submit it late. Failure to meet other requirements could result in rejection.
- b) **Vendor Responsibility.** We will determine whether the Vendor submitting the offer is one with whom we can or should do business. Factors that we may evaluate to determine "responsibility" include,

but are not limited to: certifications, conflict of interest disclosures, taxpayer identification number, past performance, references (including those found outside the offer), compliance with applicable laws, financial stability and the perceived ability to perform completely as specified. A vendor must at all times have financial resources sufficient, in the opinion of the AOIC, to ensure performance of the contract and must provide proof upon request. We will determine whether any failure to supply information, or the quality of the information, will result in rejection.

- c) Evaluation of "responsiveness" and "price" differ depending on the type of solicitation. The evaluation and award criteria for this solicitation are shown in the following subsections (d) and (e). Only the appropriate subsection (d or e) applies to this solicitation. When the specification calls for "Brand Name or Equal," the brand name product is acceptable. Other products will be considered upon showing the other product meets stated specifications and is equivalent to the brand product in terms of quality, performance and desired characteristics. Minor differences that do not affect the suitability of the supply or service for the AOIC's needs may be accepted. Point and other such evaluation methods are tools we use to aid us in the evaluation process, but are not always definitive. We reserve the right to eliminate offers that we deem unacceptable.
- d) Invitation for Bids. We will identify the lowest cost offer and may rank the others in order of price. The responsible Vendor who submitted the lowest cost offer that meets "administrative" and "responsiveness" requirements shall be eligible for award.
- e) Request for Proposals (including for Professional and Artistic Services). We will determine how well offers meet our requirements in terms of "responsiveness" to the specifications. We will rank offers, without consideration of price, from best to least qualified using a point ranking system (unless otherwise specified). Maximum point valuations by element are: Professional Qualifications (20 points); Responsiveness to Proposal (25 points); Implementation/Action Plan (35 points); Adequacy of Cost Estimates (15 points); and Completion/Submission of Response Forms (5 points). References may be considered again in this portion of the evaluation. We will determine whether any failure to supply information, or the quality of the information, will result in rejection or downgrading the offer. Vendors who do not rank sufficiently high need not be considered for price evaluation and award. The "responsible" offeror whose offer meets "administrative" requirements and whose offer is most advantageous shall be eligible for award. If we do not consider the price submitted in response to any type of RFP to be fair and reasonable and that price cannot be negotiated to an acceptable level, we reserve the right to award to the next highest ranked vendor. We will determine whether the price is fair and reasonable by considering the offer, including the vendor's qualifications, the vendor's reputation, all prices submitted, other known prices, the project budget and other relevant factors.
- f) Alternative Evaluation. If three or fewer offers are received in response to either type of request for proposals, the offers may be evaluated using simple comparative analysis of the elements of responsiveness (and price where applicable) instead of any announced method of evaluation (such as points).

END OF INSTRUCTIONS

CONTRACT FOR SUPPLIES AND SERVICES

The undersigned AOIC and VENDOR, the PARTIES to this CONTRACT, agree to perform in accordance with the provisions of this CONTRACT consisting of this page and the attachments described below.

- 1. TERM OF CONTRACT: The term of this CONTRACT and provisions for renewal and termination are as specified in this attachment.
- 2. DESCRIPTION OF SUPPLIES AND SERVICES: VENDOR shall provide the supplies and/or perform the services specified in this attachment.
- 3. PRICING/COMPENSATION: AOIC shall pay VENDOR for the supplies and/or services contracted in accordance with the rates or prices established in this attachment.
- 4. STANDARD TERMS AND CONDITIONS: Standard terms and conditions applicable to this CONTRACT are specified in this attachment.
- 5. OTHER ATTACHMENTS: Additional terms and conditions are shown in the following attachments:

AOIC Supplemental Terms and Conditions	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Vendor Provided Additional Material and Exceptions	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

In Witness whereof, AOIC and VENDOR have caused this CONTRACT to be executed by duly authorized representatives of the respective PARTIES on the dates shown below.

Administrative Office of the Illinois Courts

VENDOR (show Company name and DBA)

Signature

Signature

Printed Name

Printed Name

Title

Title

Date

Date

Address

Address

TERM OF CONTRACT

- a. Beginning and end date of initial term.

The contract will begin the date of execution and continue consistent with the timeline mutually agreed upon in the Standard Vendor Agreement for Goods and Services.

- b. Renewal.

Renewal will be subject to need, availability of funds, performance, and approval of AOIC.

- c. Early Termination. The AOIC reserves the right to terminate this contract without cause and without penalty or further payment being required upon 30 days prior written notice. Upon exercise of this right, AOIC shall pay VENDOR for supplies and services satisfactorily provided and for authorized expenses incurred up to the time of termination.

DESCRIPTION OF SUPPLIES AND SERVICES

1. Need for Supplies and Services.
This project seeks the successful deployment of a secure, web-based, integrated Payroll/HR application for use in the Illinois Judicial Branch. The Payroll/HR application must support the workflow and procedures used by the AOIC for processing payrolls, administering leave policies, and tracking organizational, personnel positions, and managing human resource processes / activities in the Judicial Branch.

2. AOIC's Goal.
The AOIC is soliciting proposals from vendors to implement a fully functional integrated Payroll/HR application. Critical to the success of this project is an approach that is thorough in identifying, customizing, and implementing the AOIC's workflow and procedures and providing the resources to complete the project on schedule. The integrated Payroll/HR application can be a commercial application customized to meet the requirements of the AOIC or a fully customized application. The application must include database encryption for tables and highly confidential table structures and use SSL access for via computer browser. Migration services are also expected such that the application will contain all historical data which must be migrated from the existing applications and spreadsheets used in the AOIC.

In order to fully identify the short and long-term costs and requirements of a commercial application versus a custom developed application, the proposal must clearly specify the approach and itemize licensing, support, and annual maintenance costs as well as professional development services to customize a commercial application to meet the AOIC's needs. For a fully customized application, all programming and development costs must be listed and itemized for the technical services necessary to document, develop, and deploy a non-commercial Payroll/HR application. As well, the project plan must identify key milestones and a timeline for the project, including all enhancements, data migration, end-user testing, and implementation.

3. Project Requirements.

Preference will be given to integrated Payroll/HR application which operates and vests in the Court's existing Oracle database infrastructure and application software. The specifications of the Court's database and application environment are provided. Three independent database environments include a Development, Test, and Production environment for the Payroll/HR application and their respective data stores. The application must support standard Oracle tools such as RMAN, and Oracle's Data Guard system.

System Security is a critical component of the Payroll/HR application. The application must allow AOIC users to access specific modules, screens, and reports. For example, an employee may query and provide updated personal information (address changes), submit leave requests, or access employee phone / mailing lists or reports. However, application security should be customizable and prevent unauthorized access to screens, functions and viewing of data in the system.

The information, specifications, and details of this project are considered highly confidential and for use solely for this project. The information gathered during this project is highly sensitive, is to be used solely for the purposes defined in this project and should not be duplicated or disclosed.

A Vendor's response to this RFP should include the following general topics:

- Vendor Information
 - About the organization
 - Area of expertise
 - Description of similar projects completed
 - Technical staff / resources planned for this project
- Detailed Project Plan
 - Implementation Approach
 - Functional Requirements
 - Customization and System Changes
 - Time line, Cost, and Resource plan
 - Data Assessment and Migration Plan
 - Testing and Implementation Plan

- Details on Warranties, Licensing, Support, and Annual Maintenance Services and Costs.
- Itemized list of additional hardware or software required.
- Managing / Requesting Future Enhancements and System Changes.
- Knowledge Transfer
 - Training – End user and technical
 - Documentation
 - Program / system warranty
 - Post-Production - Enhancements and support options
- Technology Assessment
 - Hardware and software assessment – existing platform
 - Proposed environment identifying detailed migration path
 - Security – System, Account administration, and Application Access.
 - Archiving and Backup

The modules included in the Payroll/HR application and a general description of each are listed below. General system requirements and detailed specifications, forms, reports, and record layouts are provided in Appendix A. Appendix B includes a description of the AOIC's database environment.

Payroll Module

A Payroll module must be developed, consistent with the guidelines, procedures, and record layout specifications identified by the AOIC, Administrative Services Division and the Office of the Comptroller (IOC). The Payroll module must produce pay warrant files and reports for monthly, semi-monthly, supplemental, and part-time payrolls. Various calculations and adjustments to gross pay are necessary within a pay cycle to administer and report on activities such as new hires, retirements, position changes, and salary adjustments. The system must maintain historical records of employee pay, deductions, withholdings, positions, personnel activities, and fiscal year appropriations (based upon appropriation codes).

The Payroll module must generate standard screen and paper reports for daily processing, current and historical analysis, and query of new hires, position changes, salary adjustments, terminations, resignations, retirements, and leave of absences (paid and unpaid) transactions. The Payroll module must provide a means for bulk updates and payroll changes as required by the IOC.

Appendix A provides general and specific requirements and examples of reports and fields for the Payroll/HR application.

Human Resource Module

The system must allow queries on court positions, employees (past and present), historical information, and current and past salary information (withholdings and payroll deductions), while maintaining a chronology for each employee as well as departmental positions within the Judicial Branch. The reporting capabilities for the Payroll/HR application should provide prompt, easy to access information that can be aggregated or itemized, sorting the data onscreen with the ability to easily print reports, while allowing 'What if' analysis on Payroll deductions and leave requests without impacting the official personnel records.

Appropriation Module

An Appropriation module is necessary to maintain multiple appropriation codes, by fiscal year, that are associated and integrated with the Payroll/HR application.

Recruitment Module

The Recruitment module must be integrated with the Payroll/HR application to support the recruitment process in the Judicial Branch. This module must maintain job and position vacancy information, confidential application and applicant information (including name, demographic, education and experience information), and support the work flow and procedures used in soliciting applicants and managing the hiring process. Specific reports, letters and forms (standard application, offer letter, rejection letter, etc.) are to be generated and maintained for each job posting and applicant in the recruitment process. Appendix A includes details and sample forms used in this process.

Equal Employment Opportunity (EEO) Module

The EEO module must maintain specific EEO information for select positions with specific fields to respond to various federal, state, and legislative reporting requirements.

Position Module

The Position module must track positions in the Judicial Branch for part-time, full-time, and contractual employees, or individuals receiving annual stipends. Positions and position changes must be maintained with the ability to associate a changed position to its original position in the organization and maintain information such as title, grade, and location, etc.

Judicial Module

The Judicial module must track and maintain judgeships and a specific judge's information with respect to a position allocation code. This module must also maintain election / appointment information, length of term, retention information, and dates associated with a judgeship and term. This module must be able to calculate the length of service within a judgeship (appointed, assigned or elected). The Judicial module must also maintain demographic and title information and produce letters in accordance with Supreme Court Rule 68.

Appendix A contains specific information and sample letters specific to the requirements of the Judicial module.

Timekeeping/ Leave Module

The Timekeeping/Leave module must provide for the administration of leave in accordance with the Supreme Court's Leave of Absence Policies. Such a system should track all paid and unpaid leaves for judicial employees, including vacation, nominal and extended sick, personal, death, jury duty, and military. Medical (paid and unpaid) leave is to be maintained by nature of disability, identifying which benefit is being used, if any. The Timekeeping/Leave module must produce a Payroll Change form for unpaid leaves of absence. Appendix A contains specific requirements and sample reports for this module.

Worker's Compensation Module

The Worker's Compensation module must maintain information for tracking requests and claims for worker's compensation, including the generation of a cover letter and invoice voucher. Appendix A contains a sample cover letter and invoice voucher for this module.

Address Module

This Address module must maintain various addresses and contact information (phone numbers, fax numbers, e-mail addresses, etc.) for both judicial employees and non-employees, to allow for the production of mailing labels, reports and lists. Examples of address types include mailing, voting, office, and unofficial or other addresses for each entry in the module.

4. Qualifications of Vendor and/or Vendors Staff or Other Individuals Who Would Perform this Contract.
 - a. What is needed or expected.

Proposals for this RFP will be accepted from qualifying vendors with a record of successful project management from comparable projects of similar size and complexity. Expectations of vendor qualifications include knowledge and experience developing software requirements documents and development and implementation of enterprise database applications. The vendor must act in concert with the AOIC through all phases of this project, including:

 - Fine-tuning the scope of work
 - Provide oversight, project management functions, and status reports to the AOIC throughout the project
 - b. References.

Please complete Page 27, References

5. Performance Security Bond. N/A

If applicable, Vendor shall provide a performance bond equal to the above dollar amount (or % of the contract price) for the initial term. During any renewal term the amount shall remain the same unless otherwise agreed.

6. Subcontracting/Joint Ventures. ✘ Allowed Not Allowed

The AOIC intends to contract with one entity per contract and that entity shall be contractually responsible for performance. However, if the entity is a joint venture, one of the parties to the joint venture must take full contractual responsibility for performance under the contract.

If Vendor is providing Professional and Artistic Services, the names of subcontractors and amounts to be paid to each must be disclosed. The AOIC may require the same or similar information in relation to contracts for other supplies or services. Subcontractors are subject to approval of the AOIC.

PRICING/COMPENSATION

Pricing/compensation requires at least the following categories of information. **PLEASE SUBMIT THIS PRICE INFORMATION IN A SEPARATE E-MAIL.**

1. Method and Rate of Compensation. Identify the method of charging (hourly, daily, project, item, or other method) and provide the rate or price for each type of supply or service. Pricing shall be in accordance with the unit of measure specified and only one unit price shall be quoted per item unless specifically provided below. All extensions and totals requested shall be shown. Prices quoted must be net after deducting all trade or quantity discounts. Prices must be F.O.B. DESTINATION with all transportation and handling included and paid by the Vendor.
2. Expenses. Travel and expenses are to be included in the compensation described above.
3. Payment Terms and Conditions (including when paid, frequency and retainage).
The Vendor shall submit invoices, not more frequently than monthly, to the AOIC or in accordance with a specific schedule containing deliverables identified in the contract. Each invoice shall be of sufficient detail to relate to the costs therein to the work performed by the individual and to the proposal submitted by the Vendor. Vendor shall be reimbursed for reasonable, necessary, and allowable expenses incurred in accomplishing this project.

STANDARD TERMS AND CONDITIONS

1. **TERM AND RENEWALS:** The length of the CONTRACT, including any renewals, may not exceed that allowed by law, including Section 20-60 of the Judicial Branch Procurement Code. If the term begins on execution, the term begins when the AOIC executes the CONTRACT. If the commencement of performance is delayed because the CONTRACT is not executed by the AOIC on the start date, the AOIC may change the start date, end date and milestones to reflect the delayed execution. No renewal may be effective automatically. No renewal may be effective solely at the Vendor's option.
2. **BILLING:**
 - a) VENDOR shall submit invoices to the address, on the schedule and with the detail required by the AOIC. Invoices for supplies ordered or services performed and expenses incurred prior to July 1st must be presented to the AOIC no later than July 31; otherwise VENDOR may have to seek payment of such invoices through the Illinois Court of Claims (**30 ILCS 105/25**). Billings shall be made to conform to State fiscal year requirements, including prorating if necessary, notwithstanding any contrary provision in this CONTRACT or order.
 - b) VENDOR shall not bill for any taxes unless a statement is attached to the bill identifying the tax and showing why it is legally chargeable to the State. The AOIC does not warrant the interest component of any payment, including installment payments which are exempt from income tax liability.
 - c) By submitting an invoice VENDOR certifies the supplies and services met all requirements of the CONTRACT, and the amount billed and expenses incurred are as allowed in the CONTRACT.
3. **PAYMENT:**
 - a) Late payment charges, if any, shall not exceed the formula established in the State "Prompt Payment" Act (**30 ILCS 540/1**) and rules (**74 Ill. Adm. Code 900**). Payments delayed at the beginning of the State's fiscal year (July and August payments) because of the appropriation process shall not be considered a breach.
 - b) The AOIC shall not be liable to pay for any supplies or services, including related expenses, subject to this CONTRACT and incurred prior to the beginning of the term of this CONTRACT. Any CONTRACT or order labeled "subject to financing" or words to similar effect is subject to the AOIC obtaining suitable appropriation of funds.
 - c) The approved invoice amount will be paid less any retainage and previous partial payments. Final payment shall be made upon determination by the AOIC that all requirements under this CONTRACT have been completed, which determination shall not be unreasonably withheld. Such final payment will be made subject to adjustment after completion of an audit of vendor's records as provided for in this CONTRACT.
 - d) Any contract or order requiring payment of financing interest is subject to the interest rate limitation set by law of the greater of 9% or 125% of the G.O. Bond Index (**30 ILCS 305/1**).
 - e) As a condition of payment, Vendor must pay its employees prevailing wages when required by law (e.g., public works, printing, janitorial, window washing, security guard and food service), and must pay its suppliers and subcontractors providing lien waivers on request.
4. **AVAILABILITY OF APPROPRIATIONS (Section 20-60 of the Judicial Branch Procurement Code):** The AOIC shall use its best efforts to secure sufficient appropriations to fund this CONTRACT. However, the AOIC's obligations hereunder shall cease immediately, without penalty or further payment being required, if the Illinois General Assembly or federal funding source fails to make an appropriation sufficient to pay such obligation. The AOIC shall determine whether amounts appropriated are sufficient. The AOIC shall give VENDOR notice of insufficient funding as soon as practicable. VENDOR's obligation to perform shall cease upon receipt of the notice.
5. **CONSULTATION:** VENDOR shall keep the AOIC fully informed as to the progress of matters covered by this CONTRACT. Where time permits and VENDOR is not otherwise prohibited from so doing, VENDOR shall offer the AOIC the opportunity to review relevant documents prior to filing with any public body or adversarial party.

6. **PERFORMANCE REVIEWS:** The AOIC may conduct a post performance review of the VENDOR'S performance under the CONTRACT. Any professional and artistic services performed under this CONTRACT shall be subject to a post performance review. The VENDOR shall cooperate with the AOIC in this review, which may require that VENDOR provide records of its performance and billing. VENDOR shall provide any required information within 30 days of the AOIC's request. This post performance review may be used by any State agency in determining whether to enter into other contractual relationships with the VENDOR.
7. **AUDIT / RETENTION OF RECORDS (Section 20-65 of the Judicial Branch Procurement Code):** VENDOR and its subcontractors shall maintain books and records relating to performance of the CONTRACT or subcontract and necessary to support amounts charged to the State under the CONTRACT or subcontract. Books and records shall be maintained by the VENDOR for a period of 3 years from the later of the date of final payment under the CONTRACT or completion of the CONTRACT, and by the subcontractor for a period of 3 years from the later of the date of final payment under the subcontract or completion of the subcontract. The 3-year period shall be extended for the duration of any audit in progress during the term. Books and records required to be maintained under this section shall be available for review or audit by representatives of the Auditor General, the AOIC, and other governmental entities with monitoring authority upon reasonable notice and during normal business hours. VENDOR and its subcontractors shall cooperate fully with any such audit. Failure to maintain books and records required by this Section shall establish a presumption in favor of the Judicial Branch for the recovery of any funds paid by the State and the Judicial Branch under the CONTRACT for which required books and records are not available to support the purported disbursement.
8. **SCHEDULE OF WORK:** Any work performed on State premises shall be done during the hours designated by the AOIC and shall in any event be performed so as to minimize inconvenience to the AOIC and its personnel and minimize interference with the AOIC's operations.
9. **INDEPENDENT CONTRACTOR:** The VENDOR shall be an independent contractor. Supplies provided and/or services performed pursuant to this CONTRACT are not rendered as an employee of the Judicial Branch or of the State of Illinois. Amounts paid pursuant to this CONTRACT do not constitute compensation paid to an employee.
10. **RESPONSIBILITY FOR AGENTS AND EMPLOYEES:** VENDOR shall be responsible for the negligent acts and omissions of its agents, employees and subcontractors in their performance of VENDOR's duties under this CONTRACT. VENDOR represents that it shall utilize the services of individuals skilled in the profession for which they will be used in performing services hereunder. In the event that the AOIC determines that any individual performing services for VENDOR hereunder is not providing such skilled services, it shall promptly so notify VENDOR and VENDOR shall replace that individual.
11. **ASSIGNMENT AND SUBCONTRACTING:**
 - a) VENDOR may not assign, subcontract, or transfer any interest in the work subject of this CONTRACT without AOIC's prior written consent. In the event the AOIC consents, the terms and conditions of this CONTRACT shall apply to and bind the party to whom such work is subcontracted, assigned, or transferred as fully and completely as VENDOR is hereby bound and obligated. This includes requiring such parties to submit certifications and disclosures to AOIC for review and approval upon request.
 - b) Where VENDOR is providing professional and artistic services, names and addresses of all subcontractors utilized by VENDOR shall be listed in an addendum to this CONTRACT together with the anticipated amount of money that the subcontractor is expected to receive pursuant to this CONTRACT (Section 35-40 of the Judicial Branch Procurement Code).
 - c) If VENDOR is unable to secure or maintain individuals named in the CONTRACT to render the services, VENDOR shall not be relieved of its obligations to complete performance. AOIC shall have the option to accept a substitute or to terminate the CONTRACT.
12. **LICENSE:** VENDOR, directly or through its employees, shall have and maintain any required license. With consent of the AOIC, VENDOR may meet the license requirement through a subcontractor.

13. MAINTENANCE ASSURANCE:

- a) The AOIC reserves the right to maintain any equipment purchased under this CONTRACT using AOIC personnel or third-party maintainers. In such case, VENDOR shall provide the AOIC or its maintenance provider with such services, documentation, materials and parts under reasonable terms and conditions and at reasonable costs. The AOIC reserves the right to return to VENDOR's maintenance following written certification by VENDOR that the equipment is eligible for VENDOR's maintenance. VENDOR's standard charges for the certification inspection, plus any applicable charges required to bring the equipment into eligibility for VENDOR'S maintenance shall apply. Exercise of these rights by the AOIC shall be without penalty or sanction by VENDOR.
- b) If VENDOR discontinues service or maintenance of equipment or software provided under this CONTRACT, VENDOR shall provide to the AOIC at no cost adequate documentation and access to specialized or proprietary tools to allow the AOIC or a subcontractor to maintain the equipment or software. This provision shall not apply if VENDOR arranges for continued service and maintenance through another vendor and at a price acceptable to the AOIC.

14. CONFIDENTIALITY AND USE OF WORK PRODUCT:

- a) Any documents or information obtained by VENDOR from the AOIC in connection with this CONTRACT shall be kept confidential and shall not be provided to any third party unless disclosure is approved in writing by the AOIC.
- b) Unless otherwise agreed in writing the following applies. Work product produced under this CONTRACT, including, but not limited to, documents, reports, information, documentation of any sort and ideas, whether preliminary or final, shall become and remain the property of the Judicial Branch, including any patent, copyright or other intellectual property rights. With the exception of ideas, all such work products shall be considered works made for hire within the meaning of 17 U.S.C. §101. To the extent that any portion of such work product is not a work made for hire, VENDOR completely and without reservation assigns to the AOIC all right, title and interest in and to such portion of the work products, as well as all related intellectual property rights, including patent and copyright. AOIC shall exercise all rights of ownership in all such work product without restriction or limitation including as to use, and without further compensation to VENDOR. VENDOR shall not acquire or have any right to use, disclose or reproduce the work product or any equipment, documents, information, media, software, or know-how obtained from the Judicial Branch except to perform this CONTRACT. Nothing herein shall be construed as precluding the use of any information independently acquired by VENDOR without such limitation.
- c) The ideas, methodologies, processes, inventions and tools (including computer hardware and software where applicable) that VENDOR previously developed and utilizes in the performance of this CONTRACT shall remain the property of the VENDOR. VENDOR grants to the AOIC a nonexclusive license to use and employ such software, ideas, concepts, methodologies, processes, inventions and tools solely within its enterprise.

15. WARRANTY:

- a) VENDOR warrants that all services will be performed in a good and professional manner. Unless otherwise agreed, VENDOR warrants that supplies shall be new, unused, of most current manufacture and not discontinued, shall be free of defects in materials and workmanship, shall be provided in accordance with manufacturer's standard warranty and shall perform in accordance with manufacturer's published specifications. VENDOR warrants it has title to, or the right to allow the Judicial Branch to use, the supplies and services being provided and that the Judicial Branch may use same without suit, trouble or hindrance from VENDOR or third parties.
- b) VENDOR, for itself and its subcontractors and agents, represents and warrants that: (i) all products delivered and services performed under this CONTRACT (the "Products") are "Year 2000 Compliant," and will and are designed to accurately receive, retrieve, process, provide and output date/time data from, in and between the twentieth and twenty-first centuries, and from, in and between the years 1999 and 2000. In the event of a breach of this Year 2000 warranty, VENDOR shall, at its sole expense and without interrupting ongoing business of the Judicial Branch, immediately take all necessary actions to cure the breach.

16. LIABILITY AND INSURANCE:

- a) VENDOR agrees to assume, without limitation, all risk of loss and to indemnify and hold the Judicial Branch, its officers, agents and employees, harmless from and against any and all liabilities, demands, claims, suits, losses, damages, causes of action, fines or judgments, including costs, attorneys' and witnesses' fees, and expenses incident thereto, relating to bodily injuries to persons (including death) and for loss of, damage to, or destruction of real and/or tangible personal property (including property of the State) resulting from the negligence or misconduct of VENDOR, its employees, agents, or subcontractors in the performance of the CONTRACT. VENDOR shall assume risk of loss until delivery to the AOIC's facility. VENDOR shall do nothing to prejudice the Judicial Branch's right to recover against third parties for any loss, destruction, or damage to State property, and shall at the Judicial Branch's request and expense, furnish to the Judicial Branch reasonable assistance and cooperation, including assistance in the prosecution of suit and the execution of instruments of assignment in favor of the Judicial Branch in obtaining recovery.
- b) VENDOR shall maintain public liability, casualty and auto insurance in sufficient amount to protect the State from liability for acts of VENDOR and risks and indemnities assumed by VENDOR. If VENDOR does not have minimum coverage for bodily injury of \$250,000 per person/\$500,000 per occurrence, and for property damage, \$100,000 per occurrence, VENDOR must inform the AOIC and seek written permission for lesser coverage. VENDOR shall carry Worker's Compensation Insurance in amount required by law. Upon request, VENDOR shall provide and maintain any bond required by law or the AOIC. VENDOR shall provide copies of certificates of insurance evidencing the coverage described in this paragraph.
- c) VENDOR shall, without limitation, at its expense defend the AOIC against all claims asserted by any person that anything provided by VENDOR infringes a patent, copyright, trade secret or other intellectual property right and shall, without limitation, pay the costs, damages and attorneys' fees awarded against the AOIC in any such action, or pay any settlement of such action or claim. Each party agrees to notify the other promptly of any matters to which this provision may apply and to cooperate with each other in connection with such defense or settlement. If a preliminary or final judgment shall be obtained against the AOIC's use or operation of the items provided by VENDOR hereunder or any part thereof by reason of any alleged infringement, VENDOR shall, at its expense and without limitation, either (a) modify the item so that it becomes noninfringing; or (b) procure for the Judicial Branch the right to continue to use the item; or (c) substitute for the infringing item other item(s) having at least equivalent capability; or (d) refund to the AOIC an amount equal to the price paid, less reasonable usage from installation acceptance through cessation of use, which amount shall be calculated on a useful life not less than 5 years, and plus any additional costs the AOIC may incur to acquire substitute supplies or services.
- d) AOIC assumes no liability for actions of VENDOR and is unable to indemnify or hold VENDOR or any third-party harmless for claims based on this CONTRACT or use of VENDOR provided supplies or services. Unless provided by law, VENDOR is not eligible for indemnity under the State Employee Indemnification Act (**5 ILCS 350/1**). The State's liability for damages is expressly limited by and subject to the provisions of the Illinois Court of Claims Act (**705 ILCS 505/1**) and to the availability of suitable appropriations.
- e) Neither party shall be liable for incidental, special or consequential damages.

17. TAX COMPLIANCE: VENDOR shall be in compliance with applicable tax requirements and shall be current in payment of such taxes.

18. SOLICITATION AND EMPLOYMENT: VENDOR shall not employ any person employed by the Judicial Branch during the term of this CONTRACT to perform any work required by the terms of this CONTRACT. As a condition of this CONTRACT, the VENDOR shall give notice immediately to the AOIC's Director if VENDOR solicits or intends to solicit for employment any Judicial Branch employees during the term of this CONTRACT. The Judicial Branch has no authority to contractually refuse to hire VENDOR's employees who apply to the State for employment.

19. **BACKGROUND CHECK:** The AOIC may conduct criminal and driver history background checks of VENDOR's officers, employees or agents who would directly supervise or physically perform the CONTRACT requirements at Judicial Branch facilities. Any officer, employee or agent deemed unsuitable by the AOIC must be replaced immediately.
20. **BREACH AND OTHER FOR CAUSE TERMINATION:** AOIC may terminate this CONTRACT without penalty to the Judicial Branch or further payment required in the event of: (i) any breach of this CONTRACT which, if it is susceptible of being cured, is not cured within 15 days of the AOIC giving notice of breach to VENDOR, including but not limited to failure of VENDOR to maintain covenants, representations, warranties, certifications, bonds and insurance; (ii) commencement of a proceeding by or against VENDOR under the U.S. Bankruptcy Code or similar law; or any action by VENDOR to dissolve, merge, or liquidate; or (iii) material misrepresentation or falsification of information provided by VENDOR in the course of any dealing between the PARTIES or between VENDOR and any State agency.
21. **FORCE MAJEURE:** Failure by either party to perform its duties and obligations will be excused by unforeseeable circumstances beyond its reasonable control, including acts of nature, acts of the public enemy, riots, labor or material shortages, labor disputes, fire, flood, explosion, legislation, and governmental regulation.
22. **ANTITRUST ASSIGNMENT:** VENDOR hereby assigns, sells and transfers to the State of Illinois all right, title and interest in and to any claims and causes of action arising under antitrust laws of Illinois or the United States relating to the subject matter of the CONTRACT.
23. **NON-DISCRIMINATION:** In compliance with the State and Federal Constitutions, the Illinois Human Rights Act, the U. S. Civil Rights Act, and Section 504 of the Federal Rehabilitation Act, the Judicial Branch does not unlawfully discriminate in employment, contracts, or any other activity.
24. **APPLICABLE LAW:** The terms and conditions of this CONTRACT, including those set forth in any attachment, shall be construed in accordance with and are subject to the laws and rules of the State of Illinois, including, without limitation, to the Judicial Branch Procurement Code and the rules promulgated thereunder (**44 Ill. Admin. Code 1**), and the Attorney General Act (**15 ILCS 205**). The Department of Human Rights' Equal Opportunity requirements (**44 Ill. Admin Code 750**) are incorporated by reference. Any claim against the Judicial Branch arising out of this CONTRACT must be filed exclusively with the Illinois Court of Claims (**705 ILCS 505/1**). The Judicial Branch shall not enter into binding arbitration to resolve any CONTRACT dispute. The State of Illinois does not waive sovereign immunity by entering into this CONTRACT. Any provision containing a citation to an Illinois statute (**cited ILCS**) may not contain complete statutory language. The official text, which is incorporated by reference, can be found in the appropriate chapter and section of the Illinois Compiled Statutes.
25. **NOTICES:** Notices shall be in writing and may be delivered by any means. Notices by fax must show the date/time of successful receipt. Notices to VENDOR shall be sent to the person shown on the signature page. Notices to AOIC shall be sent to the Administrative Director of the AOIC at AOIC's headquarters. Notice of any name, address, or fax number change shall be given to the other in writing.
26. **ENTIRE CONTRACT:** This CONTRACT, with attachments, constitutes the entire agreement between the PARTIES concerning the subject matter of the CONTRACT. Modifications and waivers must be in writing and signed by authorized representatives of the PARTIES. Any provision of this CONTRACT officially declared void, unenforceable, or against public policy, shall be ignored and the remaining provisions of this CONTRACT shall be interpreted, as far as possible, to give effect to the PARTIES' intent. All provisions that by their nature would be expected to survive, shall survive termination of this CONTRACT, including without limitation provisions relating to confidentiality, warranty, ownership and liability.

SUPPLEMENTAL TERMS AND CONDITIONS

The following supplemental terms and conditions, if checked, are attached and are applicable to this CONTRACT:

- Public Works Requirements.*
- Prevailing Wage (janitorial, security guard, window washing and food service if valued at more than \$200 per month or \$2,000 per year).*
- Prevailing Wage (all printing contracts).*
- Prohibition on Contingent Fees (certain federally funded contracts). As required by federal regulations, guidelines, and requirements, no contingency costs may be paid for with funds from this contract. Specifically, contributions to a contingency reserve or any similar provision made for events the occurrence of which cannot be foretold with certainty as to time, intensity, or with an assurance of their happening are unallowable.
- Other (describe)
- Additional Terms and Conditions

*Information regarding prevailing wage, benefit and working condition requirements may be obtained from the Illinois Department of Labor at (217) 782-6206 and information may be viewed at their web site (www.state.il.us/agency/idol). You must check with IDOL before submitting your offer to determine the prevailing wages, benefits and working conditions applicable to this solicitation.

ADDITIONAL TERMS AND CONDITIONS

The VENDOR agrees to adhere to and comply with the following terms and conditions:

Disclosure Requirements. As stated in Section 508 of Public Law 103-333, in press releases, statements, requests for proposals, bid solicitations, and other documents describing projects, programs, or services funded in whole or in part with Federal money, Vendors receiving Federal funds, including but not limited to State and local governments and recipients of Federal research grants, shall clearly state: (1) the percentage of the total costs of the program or project which will be financed with Federal money; (2) the dollar amount of Federal funds for the project program; and (3) percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

Purchase of Products and Equipment. As stated in Section 507 of Public Law 103-333, it is the sense of Congress that, to the greatest extent practicable, all equipment and products purchased with funds made available by this agreement should be American-made.

Pro-Children Act of 1994 (Environmental Tobacco Smoke). The Vendor must comply with Public Law 103-227, Part C, and the Vendor under this grant agreement hereby certifies such compliance. The Act requires that smoking not be permitted in any portion of any indoor facility owned, leased, or contracted by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal Programs either directly or through State or local governments. Federal programs include grants, cooperative agreements, loans or loan guarantees, and contracts. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug and alcohol treatment.

The Vendor further agrees that the above language will be included in any subcontracts which contain provisions for children's services and that all subcontractors shall certify compliance accordingly. Failure to comply with the provisions of this law may result in the imposition of a civil monetary penalty of up to \$1,000 per day.

Indemnification. The Vendor shall indemnify and hold the Supreme Court of Illinois and its Administrative Office harmless should any goods or services provided by the Vendor under the terms of this grant agreement infringe upon the patent, trademark, copyright, or trade secret of another.

Prevailing Wage. If the Prevailing Wage Act is applicable to any service provided by the Vendor under this agreement, the Vendor agrees to comply with the provisions of the Act, and be responsible for obtaining any periodic revisions to the wage rates from the Department of Labor (820 ILCS 130/0.01 *et seq.*).

Liability and Insurance.

1. The State does not assume any liability for acts or omissions of the Vendor and such liability rests solely with the Vendor. The State will not indemnify or hold harmless any Vendor for claims based on the State's use of Vendor provided goods or services. Any liability for damages that the State might have is expressly limited by and subject to the provisions of the Illinois Court of Claims Act and to the availability of suitable appropriations. The Vendor shall carry public liability, casualty and auto insurance in sufficient amount to protect the State from liability for acts of the Vendor. Minimum acceptable coverage for bodily injury shall be \$250,000 per person and \$500,000 per occurrence and for property damage, \$100,000 per occurrence. In addition, the Vendor shall carry workers' compensation insurance, if applicable, in amounts required by law.
2. In those instances in which a temporary employee is utilized, the temporary employment agency bears sole responsibility for workers' compensation insurance coverage for temporary employees furnished to the Administrative Office of the Illinois Courts and indemnifies and holds the Administrative Office harmless from any judgment, finding, or assessment of liability under the Workers' Compensation Act or the laws of Illinois for injuries suffered by a temporary employee furnished to the Administrative Office.

3. The State may self-insure against any and all risks.

Copyrights. The U.S. Department of Health and Human Services reserves a royalty-free, nonexclusive, and irrevocable license to reproduce, publish, or otherwise use, and to authorize others to use, for Federal government purposes:

1. The copyright in any work developed under a grant, subgrant, or contract under a grant or subgrant; and
2. Any rights of copyright to which a Vendor, sub-contractor, as applicable, purchases ownership with grant support.

Debarred and Suspended Parties. By signing and submitting this Agreement, the Vendor and any sub-Vendor at any tier certifies that it is neither presently debarred, suspended, or otherwise excluded from or ineligible for participation in federal assistance programs under Executive Order 12549 Debarment and Suspension.

Energy Conservation. The Vendor and its employees and subcontractors agree to comply with mandatory standards and policies relating to energy efficiency which are contained in the state energy conservation plan (see 20 ILCS/115/1 et seq.) issued in compliance with the Energy Policy and Conservation Act (Public Law 94-163, 89 Stat. 871).

Religious Activities. Direct federal grants, sub-awards, or contracts under this program shall not be used to support inherently religious activities such as religious instruction, worship, or proselytization. Therefore, organizations must take steps to separate, in time or location, their inherently religious activities from the services funded under this program.

GOVERNING LAW:

Contracts, including maintenance, service or other subsequent agreements that might result from this contract, shall be governed by the laws of the State of Illinois. The validity of this contract and any of its terms or provisions, as well as the rights and duties of the parties hereto, shall be governed by the laws of the State of Illinois. Any claim against the State arising out of this contract must be filed exclusively with the Illinois Court of Claims (705 ILCS 505/1 *et seq.*).

PROCUREMENT:

All procurement transactions shall be conducted by the Vendor in a manner to provide, to the maximum extent practical, open and free competition. Vendor must use procurement procedures that minimally adhere to standards established by the Judicial Branch Procurement Code and all applicable executive orders and federal guidelines. No employee, officer or agent of the Vendor shall participate in the selection, or in the award or administration of a contract supported by federal funds if a conflict of interest, real or apparent, would be involved.

MODIFICATIONS:

Any modification, change, or amendment subsequent to the execution of this contract may be made only by an instrument in writing executed and signed by the parties.

WAIVER:

The failure of any party to enforce any provision of this contract shall not constitute a waiver by such party of any provision. The past waiver of a provision by either party shall not constitute a course of conduct or a waiver in the future with respect to the same provision.

VENDOR PROVIDED ADDITIONAL MATERIAL AND EXCEPTIONS

Any additional material and any exceptions must be noted on this page and provided as part of this attachment. We do not encourage taking exceptions. We have extremely limited ability to grant exceptions particularly in regard to statutory requirements (those cited with **ILCS**, meaning Illinois Compiled Statutes). We are not required to grant exceptions and depending on the exception, we may have to reject your offer.

Additional Material (mark one)

- No other material included
- Other material included (describe--attach additional pages if needed)
- Resume or curriculum vitae demonstrating professional qualifications requirements contained within this RFP**
- Form W-9 Request for Taxpayer Identification Number and Certification***
- Proposal Format**

The proposal should be typed on 8½ x 11 paper using 12-point font with one-inch margins. A table of contents should be included to identify the sections and parts of the proposal. All sections should be clearly numbered and have clear headings corresponding to the table of contents. Emphasis should be placed on accuracy, completeness, and clarity of content and intentions, with respect to the requirements in this RFP.

At minimum, the proposal should include the following sections.

- ❖ Summary - describing the approach, project milestones, costs, time lines, and recommended strategy to meet the objectives listed in this RFP.
- ❖ Detailed Plan for producing the system requirements document - describing the timeline, process and activities required to gather information and compile the application requirements.
- ❖ Detailed Project Plan for design and coding of the Payroll/HR application - detailing the application development and implementation process. This plan should include work flow, procedures, screens, and reports necessary to meet the requirements of the Payroll/HR application. The offer must also indicate a process, timelines and milestones to implement the developed system.
- ❖ Budget and time line section - summarizing the time lines, milestones, and costs consistent with the plans delivery of the application / system requirements and project plan as well as the time lines, milestones and costs with the development, testing, implementation and migration of the integrated Payroll/HR application.
- ❖ Company history and experiences - describing relevant history and experiences with similar projects. This section should also include a list of the personnel and their experiences planned for use in this project.
- ❖ Technical section - detailing the development methodology, detailed project plan, technology (hardware and software) required for this project and the details on how the database and applications will be delivered, implemented and source code management requirements. Vesting in the technologies and systems existing in the AOIC, the information in this section must clearly specify and represent the technologies comprising the database platform and those required to implement an integrated Payroll/HR application.

Exceptions (mark one):

No exceptions

Exceptions taken (describe--attach additional pages if needed)

*Form W-9 Request for Taxpayer Identification Number and Certification can be accessed by calling the IRS at 1-800-TAX-FORM or on the web at "www.irs.gov".

VENDOR PREQUALIFICATION

GENERAL

PREQUALIFICATION. VENDOR must complete the General Prequalification information described below.

GENERAL PREQUALIFICATION. This is information of general applicability and consists of the attached forms:

- Business and Directory Information
- References
- Illinois Department of Human Rights (IDHR) Public Contract Number
- Minority, Female, Person with Disability Status and Subcontracting
- Vendor Bid Certifications
- Taxpayer Identification Number

The undersigned authorized representative of VENDOR submits the above described and attached GENERAL PREQUALIFICATION information to the AOIC with the understanding AOIC will use and rely upon the accuracy and currency of the information in the evaluation of VENDOR's offer to the AOIC.

Vendor (show official name and DBA)

Signature_____

Printed Name_____

Title_____

Date_____

Address_____

Phone/Fax_____

E-mail_____

BUSINESS AND DIRECTORY INFORMATION

1. Name of Business (official name and DBA).

2. Business Headquarters (address, phone and fax).

3. If a Division or Subsidiary of another organization provide the name and address of the parent organization.

4. Billing Address.

5. Name of Chief Executive Officer.

6. Customer Contact (name, title, address, phone, toll-free number, fax, and e-mail).

7. Company Web Site Address.

8. Type of Organization (sole proprietor, corporation, etc.--should be same as on Taxpayer ID form below).

9. Length of time in business.

10. Annual Sales for Vendor's most recently completed fiscal year.

11. Show number of full-time employees on average during the most recent fiscal year.

REFERENCES

Provide references from established firms or government agencies (four preferred; two of each type preferred) that can attest to your experience and ability to perform the contract subject of this solicitation.

1. Firm/Government Agency (name)

Contact Person (name, address, phone)

Date and type of Supplies/Services Provided

2. Firm/Government Agency (name)

Contact Person (name, address, phone)

Date and type of Supplies/Services Provided

3. Firm/Government Agency (name)

Contact Person (name, address, phone)

Date and type of Supplies/Services Provided

4. Firm/Government Agency (name)

Contact Person (name, address, phone)

Date and type of Supplies/Services Provided

ILLINOIS DEPARTMENT OF HUMAN RIGHTS (IDHR) PUBLIC CONTRACT NUMBER

(775 ILCS 5/2-105) If you employed fifteen or more full-time employees at any time during the 365-day period immediately preceding the issuance date of this solicitation, you must have a current Public Contract Number or have proof of having submitted a completed application for one prior to the offer opening date. If we cannot confirm compliance, we will not be able to consider your bid or offer. Please complete the appropriate sections below.

Name of Company (and DBA) _____.

_____ (check if applicable) A Number is not required as the company has employed 14 or less full-time employees during the 365 day period immediately preceding the issuance date of this solicitation.

IDHR Public Contract Number _____

or, if Number has not yet been issued,

Date application submitted to IDHR _____.

NOTICE:

Numbers issued by the Illinois Department of Human Rights (or its predecessor agency, the Illinois Fair Employment Practices Commission) prior to July 1, 1998, are no longer valid. This affects numbers below 89999-00-0. Valid numbers begin with 90000-00-0. If your organization holds an expired number, you must re-register with IDHR by completing the required form.

You can obtain an application form by:

1. **Telephone:** Call the IDHR Public Contracts Unit at (312) 814-2431 between Monday and Friday, 8:30 AM - 5:00 PM, CST. [TTY (217) 785-5125].
2. **Internet:** Download the form from the Internet at "www.state.il.us/dhr".
3. **Mail:** Write to the Illinois Department of Human Rights, James R. Thompson Center, Public Contracts Unit, 100 West Randolph Street, Suite 10-100, Chicago, IL 60601.

VENDOR BID CERTIFICATIONS

All vendors submitting bids on contracts with the judicial branch must complete the following disclosures and certifications.

I. DISCLOSURES

a. Conflicts of Interest. Sections 50-13 and 50-35 of the Judicial Branch Procurement Code require that vendors desiring to enter into certain contracts with the State of Illinois must disclose financial and potential conflict of interest information specified below as a condition of receiving an award or contract.

If the Vendor is a wholly owned subsidiary of a parent organization, separate disclosures (sections 2, 3, and 4 below) must be made by the Vendor and the parent. For purposes of this form, a parent organization is any entity that owns 100% of the Vendor. When determining ownership or distributive income shares, use the most current information that you consider reliable, but in no event for a period before your last completed fiscal period. A designee may submit this form on behalf of the vendor (or its parent). However, that person must have verified the information with each affected individual.

Vendor Information. This disclosure information is submitted on behalf of (show official name of Vendor, and if applicable, DBA and parent):

(Name of vendor)_____

(DBA, if used)_____

(Name of any parent organization)_____

Address_____

Contact Person:

Name:_____

Title:_____

Address:_____

Phone/Fax:_____

Section 1: **Sec. 50-13 Conflicts of Interest.**

- A. Prohibition. It is unlawful for any person holding an elective office in this State, holding a seat in the General Assembly, or appointed to or employed in any of the offices or agencies of State government and who receives compensation for such employment in excess of 60% of the salary of the Governor of the State of Illinois [**\$106,447.20**], or who is an officer or employee of the Capital Development Board or the Illinois Toll Highway Authority, or who is the spouse or minor child of any such person to have or acquire any contract, or any direct pecuniary interest in any contract therein, whether for stationery, printing, paper, or any services, materials, or supplies, that will be wholly or partially satisfied by the payment of funds appropriated by the General Assembly of the State of Illinois or in any contract of the Capital Development Board or the Illinois Toll Highway Authority.
- B. Interests. It is unlawful for any firm, partnership, association, or corporation, in which any person listed in subsection (a) is entitled to receive (i) more than 7 ½% of the total distributable

- income or (ii) an amount in excess of the salary of the Governor **[\$177,412.00]**, to have or acquire any such contract or direct pecuniary interest therein.
- C. Combined interests. It is unlawful for any firm, partnership, association, or corporation, in which any person listed in subsection (a) together with his or her spouse or minor children is entitled to receive (i) more than 15%, in the aggregate, of the total distributable income or (ii) an amount in excess of 2 times the salary of the Governor **[\$354,824.00]**, to have or acquire any such contract or direct pecuniary interest therein.
 - D. Securities. Nothing in this Section invalidates the provisions of any bond or other security previously offered or to be offered for sale or sold by or for the State of Illinois.
 - E. Prior interests. This Section does not affect the validity of any contract made between the State and an officer or employee of the State or member of the General Assembly, his or her spouse, minor child or any combination of those persons if that contract was in existence before his or her election or employment as an officer, member, or employee. The contract is voidable, however, if it cannot be completed within 365 days after the officer, member, or employee takes office or is employed.
 - F. Exceptions.
 - (1) Public aid payments. This Section does not apply to payments made for a public aid recipient.
 - (2) Teaching. This Section does not apply to a contract for personal services as a teacher or school administrator between a member of the General Assembly or his or her spouse, or a State officer or employee or his or her spouse, and any school district, public community college district, or State University.
 - (3) Ministerial duties. This Section does not apply to a contract for personal services of a wholly ministerial character, including but not limited to services as a laborer, clerk, typist, stenographer, page, bookkeeper, receptionist, or telephone switchboard operator, made by a spouse or minor child of an elective or appointive State officer or employee or of a member of the General Assembly.
 - (4) Child and family services. This Section does not apply to payments made to a member of the General Assembly, a State officer or employee, his or her spouse or minor child acting as a foster parent, homemaker, advocate, or volunteer for or in behalf of a child or family served by the Department of Children and Family Services.
 - (5) Licensed professionals. Contracts with licensed professionals, provided they are competitively bid or part of a reimbursement program for specific, customary goods and services through the departments of Children and Family Services, Human Services, Public Aid, Public Health, or Aging.

CHECK ONE:

- No Conflict of Interest
- Potential Conflict of Interest. If checked, name each conflicted individual, the nature of the conflict, and the name of the state agency that is associated directly or indirectly with the conflicted individual.

Section 2: Disclosure of Financial Interest in the Vendor

All vendors, except for publicly traded corporations subject to SEC reporting requirements must complete subsection "a", below. Publicly traded corporations may complete subsection "b".

- A. **General disclosure.** For each individual having any of the following financial interests in the vendor (or its parent), please mark each that apply and show the applicable name and address. Then complete Sections 3 and 4. If no individual has any of the following financial interests in the vendor (or its parent), check this blank , skip Section 3, but complete Section 4.

Ownership exceeding 5%

Ownership value exceeding \$106,447.20

Distributive Income Share exceeding 5% _____
 Distributive Income Share exceeding \$106,447.20 _____

Name: _____

Address: _____

For each individual identified above, show:
 the dollar value of the ownership interest: \$ _____
 or
 the proportionate share of the ownership interest: _____%*
 and
 the type of ownership/distributable income share:
 sole proprietorship _____ stock _____ partnership _____ other (explain) _____

* For partnerships with more than 50 but fewer than 400 partners, the proportionate share of ownership interest of each individual identified above may be shown in the following ranges:

1% _____ 1 up to 2% _____ 2 up to 3% _____ 3 up to 4% _____
 4 up to 5% _____ and in additional 1% increments as appropriate _____%

For partnerships with more than 400 partners, the proportionate share of ownership may be shown in the following ranges:

0.5% or less _____ >0.5 to 1.0% _____ >1.0 to 1.5% _____
 and as appropriate in additional 0.5 increments _____%

B. Publicly traded corporations subject to SEC reporting requirements. These Vendors may submit their 10k disclosure (*include proxy if referenced in 10k*) in satisfaction of the financial and conflict of interest disclosure requirements set forth in subsections **50-35 a** and **b** of the Judicial Branch Procurement Code. FORM SEC 20f or 40f, supplemented with the names of those owning in excess of 5% and up to the ownership percentages disclosed in those submissions, may be accepted as being substantially equivalent to 10k. Vendor may skip Section 3 of this form, but must complete Section 4.

check here if submitting a 10k _____, 20f _____, or 40f _____.

Section 3: Disclosure of Potential Conflicts of Interest.

For each individual having the level of financial interest identified in Section 2(a) above, indicate which, if any, of the following potential conflict of interest relationships apply. If "Yes," please describe each situation (label with appropriate letter) using the space at the end of Section 3 (attach additional pages as necessary).

A.	State employment, currently or in the previous 3 years, including contractual employment of services directly with the individuals identified in Section "1" in their individual capacity unrelated to the Vendor's contract. Identify contracts with the VENDOR in Section "4".	Yes _____	No _____
B.	State employment of spouse, father, mother, son, or daughter, including contractual employment for services in the previous 2 years.	Yes _____	No _____

C.	Elective status; the holding of elective office of the State of Illinois, the government of the United States, any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois currently or in the previous 3 years.	Yes ____	No _____
D.	Relationship to anyone holding elective office currently or in the previous 2 years; spouse, father, mother, son or daughter.	Yes ____	No _____
E.	Appointive office; the holding of any appointive government office of the State of Illinois, the United States of America, or any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois, which office entitles the holder to compensation in excess of expenses incurred in the discharge of that office currently or in the previous 3 years.	Yes ____	No _____
F.	Relationship to anyone holding appointive office currently or the previous 2 years.	Yes ____	No _____
G.	Employment, currently or in the previous 3 years, as or by any registered lobbyist of the State government.	Yes ____	No _____
H.	Relationship to anyone who is or was a registered lobbyist in the previous 2 years; spouse, father, mother, son or daughter.	Yes ____	No _____
I.	Compensated employment, currently or in the previous 3 years, by any registered election or re-election committee registered with the Secretary of State or any county clerk in the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections.	Yes ____	No _____
J.	Relationship to anyone; spouse, father, mother, son or daughter; who is or was a compensated employee in the last 2 years of any registered election or re-election committee registered with the Secretary of State or any county clerk in the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections.	Yes ____	No _____

Explanation of potential conflicts of interest:

Section 4: Current and Pending Contracts and Offers (bids and proposals).

- A. VENDOR shall identify each contract it has with other units of State of Illinois government by showing agency name and other descriptive information such as purchase order or contract reference number (attach additional pages as necessary). Show "none" if appropriate.
- B. VENDOR shall identify whether it has pending contracts (including leases), bids, proposals, or other ongoing procurement relationships with other units of State of Illinois government by showing agency name and other descriptive information such as bid or project number (attach additional pages as necessary). Show "none" if appropriate.

b. Business with Iran. Section 50-36 of the Judicial Branch Procurement Code requires that VENDORS desiring to submit any bid, offer or proposal for a State contract disclose whether or not the bidder, offeror, or proposing entity, or any of its corporate parents or subsidiaries, within the 24 months before submission of the bid, offer, or

proposal had business operations that involved contracts with or provision of supplies or services to the Government of Iran, companies in which the Government of Iran has any direct or indirect equity share, consortiums or projects commissioned by the Government of Iran, or companies involved in consortiums or projects commissioned by the Government of Iran and: (1) more than 10% of the company's revenues produced in or assets located in Iran involve oil-related activities or mineral-extraction activities; less than 75% of the company's revenues produced in or assets located in Iran involve contracts with or provision of oil-related or mineral-extraction products or services to the Government of Iran or a project or consortium created exclusively by that government; and the company has failed to take substantial action; or (2) the company has, on or after August 5, 1996, made an investment of \$20 million or more, or any combination of investments of at least \$10 million each that in the aggregate equals or exceeds \$20 million in any 12-month period, that directly or significantly contributes to the enhancement of Iran's ability to develop petroleum resources of Iran.

CHECK ONE:

_____ No business with Iran as defined in Section 50-36.

_____ Business with Iran as defined in Section 50-36. If checked, identify company and explain time frame and nature of said business with Iran.

II. CERTIFICATIONS

- a. VENDOR, its employees and subcontractors will comply with applicable provisions of the U.S. Civil Rights Act, Section 504 of the Federal Rehabilitation Act, the Americans with Disabilities Act (42 U.S.C. 12101 et seq.) and applicable rules in performance under this contract.
- b. VENDOR is not in default on an educational loan (5 ILCS 385/3).
- c. VENDOR has informed the Director of the AOIC in writing if he/she was formerly employed by that agency and has received an early retirement incentive prior to 1993 under section 14-108.3 or 16-133.3 of the Illinois Pension Code, and acknowledges that contracts made without the appropriate filing with the Auditor General are not payable from the "contractual services" or other appropriation line items. VENDOR has not received an early retirement incentive in or after 2002 under section 14-108.3 or 16-133.3 of the Illinois Pension Code, and acknowledges that contracts in violation of Section 15a of the State Finance Act are not payable from the "contractual services" or other appropriation line items **(30 ILCS 105/15a)**.
- d. VENDOR has not been convicted of bribing or attempting to bribe an officer or employee of the State of Illinois or any other State, nor has made an admission on the record of having so bribed or attempted to bribe (Section 50-5 of the Judicial Branch Procurement Code).
- e. If VENDOR has been convicted of a felony, at least five years have passed after the date of completion of the sentence for such felony, unless no person held responsible by a prosecutor's office for the facts upon which the conviction was based continues to have any involvement with the business (Section 50-10 of the Judicial Branch Procurement Code).
- f. VENDOR, or any affiliate, is not delinquent in the payment of any debt to the State (or if delinquent has entered into a deferred payment plan to pay the debt), and VENDOR acknowledges that the AOIC Director may declare the contract void if this certification is false **(Section 50-11 of the Judicial Branch Procurement Code)** or if VENDOR, or any affiliate, later becomes delinquent and has not entered into a deferred payment plan to pay off the debt **(Section 50-60 of the Judicial Branch Procurement Code)**.
- g. VENDOR has not paid any money or valuable thing to induce any person to refrain from bidding on a State contract, nor has VENDOR accepted any money or other valuable thing, or acted upon the promise of same, for not bidding on a State contract **(Section 50-25 of the Judicial Branch Procurement Code)**.
- h. VENDOR is not in violation of the "Revolving Door" section of the Judicial Branch Procurement Code **(Section 50-30 of the Judicial Branch Procurement Code)**.
- i. VENDOR will report to the Illinois Attorney General and the Chief Procurement Officer any suspected collusion or other anticompetitive practice among any bidders, offerors, contractors, proposers or employees of the State **(Sections 50-40, 50-45, 50-50 of the Judicial Branch Procurement Code)**.

- j. Pursuant to the Drug Free Workplace Act, VENDOR will provide a drug free workplace, and an individual shall not engage in the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance in the performance of the CONTRACT. This certification applies to contracts of \$5000 or more with individuals; and to entities with twenty-five (25) or more employees **(30 ILCS 580)**.
- k. Neither VENDOR nor any substantially owned affiliate is participating or shall participate in an international boycott in violation of the U.S. Export Administration Act of 1979 or the applicable regulations of the U.S. Department of Commerce. This certification applies to Contracts that exceed \$10,000 **(30 ILCS 582)**.
- l. VENDOR has not been convicted of the offense of bid rigging or bid rotating or any similar offense of any State or of the United States **(720 ILCS 5/33E-3, 5/33E-4)**.
- m. VENDOR complies with the Illinois Department of Human Rights Act and rules applicable to public contracts, including equal employment opportunity, refraining from unlawful discrimination, and having written sexual harassment policies **(775 ILCS 5/2-105)**.
- n. VENDOR does not pay dues to, or reimburse or subsidize payments by its employees for any dues or fees to any "discriminatory club" **(775 ILCS 25/2)**.
- o. VENDOR certifies that he/she/it is not barred from being awarded a contract under Section 50-14 of the Judicial Branch Procurement Code. Section 50-14 prohibits bidding on or entering into contracts with the judicial branch by a person or business found by a court or the Pollution Control Board to have committed a willful or knowing violation of Section 42 of the Environmental Protection Act for a period of five years from the date of the order. Vendor acknowledges that the AOIC Director may declare the contract void if this certification is false.
- p. Each business entity (i) whose aggregate bids and proposals on State contracts annually total more than \$50,000, (ii) whose aggregate bids and proposals on State contracts combined with the business entity's aggregate annual total value of State contracts exceed \$50,000, or (iii) whose contracts with State agencies, in the aggregate, annually total more than \$50,000 shall register with the State Board of Elections in accordance with Section 9-35 of the Election Code.

CHECK ONE:

- _____ VENDOR is not required to register as a business entity with the State Board of Elections pursuant to Section 20-160 of the Judicial Branch Procurement Code (same as section 20-160 of the Illinois Procurement Code (30 ILCS 500/20-160))
- _____ VENDOR has registered as a business entity with the State Board of Elections and acknowledges a continuing duty to update the registration pursuant to Section 20-160 of the Judicial Branch Procurement Code (same as section 20-160 of the Illinois Procurement Code (30 ILCS 500/20-160)).
- q. Vendor certifies that it is not barred from being awarded a contract under 30 ILCS 500/50-10. Section 50-10 prohibits a vendor from entering into a contract with a State agency if the vendor has been convicted of a felony and 5 years have not passed from the completion of the sentence for that felony. Vendor further acknowledges that the AOIC Director may declare the related contract void if this certification is false.

TAXPAYER IDENTIFICATION NUMBER

I certify that:

The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**

I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, **and**

I am a U.S. person (including a U.S. resident alien).

Vendor and/or Business Name: _____

Taxpayer Identification Number:

Social security number _____

or

Employer identification number _____

(If you are an individual, enter your name and SSN as it appears on your Social Security Card. If completing this certification for a sole proprietorship, enter the owner's name followed by the name of the business and the owner's SSN or EIN. For all other entities, enter the name of the entity as used to apply for the entity's EIN and the EIN.)

Legal Status (check one):

- | | |
|---|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Government entity |
| <input type="checkbox"/> Owner of sole proprietorship | <input type="checkbox"/> Nonresident alien individual |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Estate or legal trust |
| <input type="checkbox"/> Tax-exempt hospital or extended care facility | <input type="checkbox"/> Foreign corporation, partnership, estate or trust |
| <input type="checkbox"/> Corporation providing or billing medical and/or health care services | <input type="checkbox"/> Limited Liability Company (select applicable tax classification) |
| <input type="checkbox"/> Corporation NOT providing or billing medical and/or health care services | <input type="checkbox"/> D = disregarded entity |
| | <input type="checkbox"/> C = corporation |
| | <input type="checkbox"/> P = partnership |
| <input type="checkbox"/> Other: _____ | |

Appendix A
Functional Requirements – Payroll/HR Application

**Supreme Court of Illinois Courts
Administrative Office of the Illinois Courts
Payroll/Human Resources System (PHRS) Requirements**

Address Database

- ✚ The following addresses must be maintained for each judicial branch or non-employee:
 - Mailing
 - Office
 - Unofficial (other)
- ✚ Based on criteria entered by user, must be able to export address information to create labels, envelopes, reports, or electronically share information.

**Supreme Court of Illinois Courts
Administrative Office of the Illinois Courts
Human Resources System (HRS) Requirements**

Equal Employment Opportunity (EEO) Database

- ✚ Maintain EEO information and tables for select positions with specific fields to address various federal, state, and legislative reporting requirements. ATTACHMENTS

State Employment Records Act

State Employment Records Act (5 ILCS 410/1) requires State agencies to collect, maintain and publish reports concerning the following information. Section 25 of the Act provides that "Any State employee, State official, or any other person who intentionally falsifies, attempts to falsify, aids, or attempts to aid the falsification of information required by this Act, or who intentionally fails or refuses to comply with the provisions of this Act, is guilty of a Class A misdemeanor." (5 ILCS 410/25) Please return this form in the attached envelope.

Thank you for your cooperation.

Name: _____ Date: _____

Title: _____

Location: _____

Directions: Please check box in each category.

Category I: Gender	
<input type="checkbox"/> Female	<input type="checkbox"/> Male

Category II: Race/Ethnicity (please check the race/ethnicity with which you primarily identify)	
<input type="checkbox"/> White	(Not of Hispanic or Latino Origin): Persons having origins in any of the original peoples of Europe, the Middle East or North Africa.
<input type="checkbox"/> Black or African American	(Not of Hispanic or Latino Origin): Persons having origins in any of the Black racial groups of Africa.
<input type="checkbox"/> Hispanic or Latino	Person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.
<input type="checkbox"/> Asian	(Not of Hispanic or Latino Origin): Persons having origins in any of the original peoples of the Far East, Southeast Asia or, the Indian Subcontinent. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
<input type="checkbox"/> American Indian or Alaska Native	(Not of Hispanic or Latino Origin): Persons having origins in any of the original peoples of North America and South America (including Central America), and who maintain tribal affiliation or community attachment.
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	(Not Hispanic or Latino Origin): Persons having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
<i>Categories defined by the Equal Employment Opportunity Commission</i>	

Category III: Do you consider yourself to be an individual with a disability?	
According to the Americans with Disabilities Act, an individual with a disability has an impairment that substantially limits a major life activity; has a record of such impairment; or is regarded as having such an impairment.	
<input type="checkbox"/> No	<input type="checkbox"/> Yes

Agency Workforce Report

Fiscal Year 2013

Agency: _____

Sent To: Secretary of State, Index Department
111 E. Monroe St., Springfield, IL 62756

INCOME	Total Number of Agency Employees	Females	Minorities	Black or African America Males	Black or African America Females	Hispanic or Latino Males	Hispanic or Latino Females	Asian Males	Asian Females	American Indian or Alaska Native Males	American Indian or Alaska Native Females	Native Hawaiian or other Pacific Islander Males	Native Hawaiian or other Pacific Islander Females	Caucasian Males	Caucasian Females	Physically Disabled Males	Physically Disabled Females	
		No. / %	No. / %	No. / %	No. / %	No. / %	No. / %	No. / %	No. / %	No. / %	No. / %	No. / %	No. / %	No. / %	No. / %	No. / %	No. / %	No. / %
\$ 0 - \$ 9,999																		
\$10,000 - \$19,999																		
\$20,000 - \$29,999																		
\$30,000 - \$39,999																		
\$40,000 - \$49,999																		
\$50,000 - \$59,999																		
\$60,000 - \$69,999																		
\$70,000 - \$79,999																		
\$80,000 - \$99,999																		
\$100,000+																		
TOTAL Employees																		
Professional																		
Contractual																		
Position Openings																		
Openings Filled—New Hires																		
Openings Filled—Promotions																		

CERTIFICATION

I certify that the information contained in this report is accurate.

Printed name and title of signatory

Authorized Signature of official responsible for reporting

Date

Printed name of agency

A copy of this report also must be filed with Office of the Governor.

<u>DO NOT ALTER INFORMATION PRINTED IN THIS BOX</u>	MAIL COMPLETED FORM TO: EEO-4 Reporting Center PO Box 8127 Reston VA 20195
---	--

A. TYPE OF GOVERNMENT (Check one box only)

1. State
 2. County
 3. City
 4. Township
 5. Special District
 6. Other (Specify) _____

B. IDENTIFICATION

1. NAME OF POLITICAL JURISDICTION (If same as label, skip to Item C)

2. Address--Number and Street	CITY/TOWN	COUNTY	STATE/ZIP	EEOC USE ONLY A _____ B _____
-------------------------------	-----------	--------	-----------	-------------------------------------

C. FUNCTION

(Check one box to indicate the function(s) for which this form is being submitted. Data should be reported for all departments and agencies in your government covered by the function(s) indicated. If you cannot supply the data for every agency within the function(s) attach a list showing name and address of agencies whose data are not included.)

1. Financial Administration. Tax billing and collection, budgeting, purchasing, central accounting and similar financial administration carried on by a treasurer's, auditor's or comptroller's office and GENERAL CONTROL. Duties usually performed by boards of supervisors or commissioners, central administration offices and agencies, central personnel or planning agencies, all judicial offices and employees (judges, magistrates, bailiffs, etc.)	8. HEALTH. Provision of public health services, outpatient clinics, visiting nurses, food and sanitary inspections, mental health, alcohol rehabilitation service, etc.
2. STREETS AND HIGHWAYS. Maintenance, repair, construction and administration of streets, alleys, sidewalks, roads, highways and bridges.	9. HOUSING. Code enforcement, low rent public housing, fair housing ordinance enforcement, housing for elderly, housing rehabilitation, rent control.
3. PUBLIC WELFARE. Maintenance of homes and other institutions for the needy; administration of public assistance. (Hospitals and sanatoriums should be reported as item 7.)	10. COMMUNITY DEVELOPMENT. Planning, zoning, land development, open space, beautification, preservation.
4. POLICE PROTECTION. Duties of a police department sheriff's, constable's, coroner's office, etc., including technical and clerical employees engaged in police activities.	11. CORRECTIONS. Jails, reformatories, detention homes, halfway houses, prisons, parole and probation activities
5. FIRE PROTECTION. Duties of the uniformed fire force and clerical employees. (Report any forest fire protection activities as item 6.)	12. UTILITIES AND TRANSPORTATION. Includes water supply, electric power, transit, gas, airports, water transportation and terminals.
6. NATURAL RESOURCES. Agriculture, forestry, forest fire protection, irrigation drainage, flood control, etc., and PARKS AND RECREATION. Provision, maintenance and operation of parks, playgrounds, swimming pools, auditoriums, museums, marinas, zoos, etc.	13. SANITATION AND SEWAGE. Street cleaning, garbage and refuse collection and disposal. Provision, maintenance and operation of sanitary and storm sewer systems and sewage disposal plants.
7. HOSPITALS AND SANATORIUMS. Operation and maintenance of institutions for inpatient medical care.	14. EMPLOYMENT SECURITY STATE GOVERNMENTS ONLY
	15. OTHER (Specify on Page Four)

D. EMPLOYMENT DATA AS OF JUNE 30

(Do not include elected/appointed officials. Blanks will be counted as zero)

1. FULL-TIME EMPLOYEES (Temporary employees are not included)

JOB CATEGORIES	ANNUAL SALARY (In thousands 000)	MALE						FEMALE				
		TOTAL (COLUMNS B-K)	NON-HISPANIC ORIGIN		HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN OR ALASKAN NATIVE	NON-HISPANIC ORIGIN		HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN OR ALASKAN NATIVE
			WHITE	Black				White	Black			
	A	B	C	D	E	F	G	H	I	J	K	
OFFICIALS ADMINISTRATORS	1. \$0.1-15.9											
	2. 16.0-19.9											
	3. 20.0-24.9											
	4. 25.0-32.9											
	5. 33.0-42.9											
	6. 43.0-54.9											
	7. 55.0-69.9											
	8. 70.0 PLUS											
PROFESSIONALS	9. \$0.1-15.9											
	10. 16.0-19.9											
	11. 20.0-24.9											
	12. 25.0-32.9											
	13. 33.0-42.9											
	14. 43.0-54.9											
	15. 55.0-69.9											
	16. 70.0 PLUS											
TECHNICIANS	17. \$0.1-15.9											
	18. 16.0-19.9											
	19. 20.0-24.9											
	20. 25.0-32.9											
	21. 33.0-42.9											
	22. 43.0-54.9											
	23. 55.0-69.9											
	24. 70.0 PLUS											
PROTECTIVE SERVICE	25. \$0.1-15.9											
	26. 16.0-19.9											
	27. 20.0-24.9											
	28. 25.0-32.9											
	29. 33.0-42.9											
	30. 43.0-54.9											
	31. 55.0-69.9											
	32. 70.0 PLUS											
PARA-PROFESSIONALS	33. \$0.1-15.9											
	34. 16.0-19.9											
	35. 20.0-24.9											
	36. 25.0-32.9											
	37. 33.0-42.9											
	38. 43.0-54.9											
	39. 55.0-69.9											
	40. 70.0 PLUS											
ADMINISTRATIVE SUPPORT	41. \$0.1-15.9											
	42. 16.0-19.9											
	43. 20.0-24.9											
	44. 25.0-32.9											
	45. 33.0-42.9											
	46. 43.0-54.9											
	47. 55.0-69.9											
	48. 70.0 PLUS											

D. EMPLOYMENT DATA AS OF JUNE 30 (Cont.)

(Do not include elected/appointed officials. Blanks will be counted as zero)

1. FULL-TIME EMPLOYEES (Temporary employees are not included)

JOB CATEGORIES	ANNUAL SALARY (In thousands 000)	MALE						FEMALE				
		TOTAL (COLUMNS B-K)	NON-HISPANIC ORIGIN		HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN OR ALASKAN NATIVE	NON-HISPANIC ORIGIN		HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN OR ALASKAN NATIVE
			WHITE	Black				White	Black			
			A	B				C	D			
SKILLED CRAFT	49. \$0.1-15.9											
	50. 16.0-19.9											
	51. 20.0-24.9											
	52. 25.0-32.9											
	53. 33.0-42.9											
	54. 43.0-54.9											
	55. 55.0-69.9											
56. 70.0 PLUS												
SERVICE MAINTENANCE	57. \$0.1-15.9											
	58. 16.0-19.9											
	59. 20.0-24.9											
	60. 25.0-32.9											
	61. 33.0-42.9											
	62. 43.0-54.9											
	63. 55.0-69.9											
64. 70.0 PLUS												
65. TOTAL FULL TIME (LINES 1 - 64)												
2. OTHER THAN FULL-TIME EMPLOYEES (Including temporary employees)												
66. OFFICIALS/ADMIN												
67. PROFESSIONALS												
68. TECHNICIANS												
69. PROTECTIVE SERVICE												
70. PARA-PROFESSIONAL												
71. ADMIN. SUPPORT												
72. SKILLED CRAFT												
73. SERVICE/MAINTENANCE												
74. TOTAL OTHER THAN FULL TIME (LINES 66 - 73)												
3. NEW HIRES DURING FISCAL YEAR - Permanent full time only JULY 1 - JUNE 30												
75. OFFICIALS/ADMIN												
76. PROFESSIONALS												
77. TECHNICIANS												
78. PROTECTIVE SERVICE												
79. PARA-PROFESSIONAL												
80. ADMIN. SUPPORT												
81. SKILLED CRAFT												
82. SERVICE/MAINTENANCE												
83. TOTAL NEW HIRES (LINES 75 - 82)												

REMARKS (List National Crime Information Center (NCIC) number assigned to any Criminal Justice Agencies whose data are included in this report)

LIST AGENCIES INCLUDED ON THIS FORM

CERTIFICATION. I certify that the information given in this report is correct and true to the best of my knowledge and was reported in accordance with accompanying instructions. (Willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.)

NAME OF PERSON TO CONTACT REGARDING THIS FORM

TITLE

ADDRESS (Number and Street, City, State, Zip Code)

TELEPHONE NUMBER

extension:

FAX NUMBER

DATE

TYPED NAME/TITLE OF AUTHORIZED OFFICIAL

SIGNATURE

E-MAIL

**AFFIRMATIVE ACTION STATISTICS
AS OF DECEMBER 15 (CY) AND PREVIOUS FISCAL YEAR (PY)**

AGENCY _____

DIVISION _____

FY 2015

I. Employee Categories

	FEMALE					MALE					
	TOTAL	CAUCASIAN	AFRICAN AMERICAN	HISPANIC	OTHER	TOTAL	CAUCASIAN	AFRICAN AMERICAN	HISPANIC	OTHER	TOTAL
	CY-PY	CY-PY	CY-PY	CY-PY	CY-PY	CY-PY	CY-PY	CY-PY	CY-PY	CY-PY	CY-PY
MERIT COMP	/	/	/	/	/	/	/	/	/	/	/
SALARY GRADE	/	/	/	/	/	/	/	/	/	/	/
BARGAINING UNIT	/	/	/	/	/	/	/	/	/	/	/
TOTAL	/	/	/	/	/	/	/	/	/	/	/

II. Salary Categories

	FEMALE					MALE					
	TOTAL	CAUCASIAN	AFRICAN AMERICAN	HISPANIC	OTHER	TOTAL	CAUCASIAN	AFRICAN AMERICAN	HISPANIC	OTHER	TOTAL
	CY-PY	CY-PY	CY-PY	CY-PY	CY-PY	CY-PY	CY-PY	CY-PY	CY-PY	CY-PY	CY-PY
\$24,999 AND UNDER	/	/	/	/	/	/	/	/	/	/	/
\$25,000 TO \$49,999	/	/	/	/	/	/	/	/	/	/	/
\$50,000 AND UP	/	/	/	/	/	/	/	/	/	/	/
TOTAL	/	/	/	/	/	/	/	/	/	/	/

III. Handicapped

TOTAL NUMBER OF HANDICAPPED EMPLOYEES: /
CY-PY

AFFIRMATIVE ACTION STATISTICS -- THREE PREVIOUS FISCAL YEARS

FY 2015

AGENCY _____

DIVISION _____

	FY12		FY13		FY14 ACTUAL		+ (-) CHANGE		FY12 ACTUAL OVER	FY 13 ACTUAL OVER	FY14 ACTUAL OVER	+ (-) CHANGE
	ACTUAL	%	ACTUAL	%	AS OF DEC. 15	%	FROM FY13	%	\$50,000	\$50,000	\$50,000 AS OF DEC 15	FROM FY13
FEMALE												
MALE												
AFRICAN-AMERICAN												
HISPANIC-AMERICAN												
CAUCASIAN												
OTHER												
TOTAL FEMALE & MALE												

TOTAL HUMAN RIGHTS COMPLAINTS: FY 20PY _____ FY 20CY _____

Number and percentage of times used Employment & Promotion Monitor Form recommended to pass over minority/female individuals:

FY 20PY _____ FY 20CY _____
 _____% _____%

AFFIRMATIVE ACTION NARRATIVE

AGENCY _____

ALL AGENCIES MUST RESPOND TO ALL OF THE FOLLOWING QUESTIONS

- 1) IF YOUR AGENCY WAS ONE THAT SUBMITTED AN AFFIRMATIVE ACTION PLAN WHICH WAS NOT APPROVED BY THE DEPARTMENT OF HUMAN RIGHTS UPON FIRST SUBMITTAL, PLEASE SPECIFICALLY DESCRIBE THE NATURE AND CAUSE OF DEFICIENCIES IN YOUR ORIGINAL PLAN.

- 2) a) BRIEFLY DESCRIBE THE PLAN, INCLUDING SPECIFIC PROGRAMS OR ACTIONS OF THE AGENCY ADOPTED TO IMPLEMENT THE PLAN.

- b) WHAT IS THE NATURE OF PROGRESS AND/OR OBSTACLES IN MEETING YOUR AFFIRMATIVE ACTION PLAN'S STATED OBJECTIVES IN RESPECT TO YOUR PROGRAMMATIC GOALS?

- 3) DESCRIBE ANY ANTICIPATED CHANGES AND ASSOCIATED IMPLEMENTATION DECISIONS REACHED AND ARTICULATED IN THE AGENCY'S PLAN, WHICH WOULD SIGNIFICANTLY CHANGE THE STATISTICS REPORTED ON JOINT FORM (ISL 710).

- 4) WHO IS THE AGENCY'S AFFIRMATIVE ACTION OFFICER?

_____ DOES THAT PERSON HOLD ANY OTHER POSITIONS IN THE AGENCY? ____ YES ____ NO

IF YES, WHAT IS THAT POSITION? _____

**Supreme Court of Illinois Courts
Administrative Office of the Illinois Courts
Payroll/Human Resources System (PHRS) Requirements**

Judicial Database

- ✦ Database must track the judgeship or the judge with the respected position allocation code.
- ✦ Database must also include additional information such as length of term; dates of appointment, election, retention; and the date when their term expires. The database should also calculate length of service within a judgeship.
- ✦ Expanded title with associated beginning and ending dates must also be included (i.e. Chief Justice of the Supreme Court, Presiding Appellate Judge, Chief Circuit Judge).
- ✦ System must generate individualized economic interest letters pursuant to 5 ILCS 420/4A and Supreme Court Rule 68 ([Attachment](#)).

July 18, 2014

David Weisbaum, Director
Secretary of State Index Department
111 East Monroe Street
Springfield, IL 62756

Dear Mr. Weisbaum:

Attached are individuals within the Judicial Branch of Illinois who may be considered to fall within the definition of those subject to the Statement of Economic Interest filing requirements as cited within the Governmental Ethics Act.

If further information is needed, please contact me at (217)524-6429. Thank you for your assistance.

Sincerely,

Barbara J. Black
Human Resource Manager
Executive Division
3101 Old Jacksonville Road
Springfield, Illinois 62704

c: Lissa Richno
Renee Paine

NAME

TERM EFFECTIVE DATE

Robert Smith
Peoria County Courthouse
324 Main Street #215
Peoria, IL 61602

July 3, 2014

William Jones
McLean County Law & Justice Center
104 W. Front Street #511
Bloomington, IL 61701

July 11, 2014

July 10, 2014

Honorable Joseph Smith
123 Main Street
Chicago, IL 60601

Dear Judge Smith:

Pursuant to 5 ILCS 420/4A, members of the Judiciary are required to file a Statement of Economic Interests with the Secretary of State's Office.

Enclosed please find a "Statement of Economic Interests" for your completion. To ensure compliance with this statute, please complete the statement and return it to the Office of the Secretary of State, Index Department, 111 East Monroe Street, Springfield, Illinois 62756 as soon as possible.

If you have any questions regarding this information, please contact Barbara Black at 217/524-6429.

Sincerely,

Michael J. Tardy
Director

MJT:bjb
Enclosures

August 1, 2014

Honorable Joseph Smith
123 Washington Avenue
Chicago, IL 60601

Dear Judge Smith:

Congratulations on your recent appointment as Circuit Judge of the Circuit Court of Cook County.

As a member of the judiciary, you are required to file an annual statement of economic interests pursuant to Supreme Court Rule 68. Enclosed are the necessary forms and envelope to be used in complying with Rule 68 on or before September 18, 2014.

In this packet are:

- (A) One copy of "Instructions Concerning Required Statement for Members of the Judiciary of the State of Illinois".
- (B) Two copies of the form entitled "Statement Required of Members of the Judiciary of the State of Illinois". [One copy to be filed with the Clerk of the Supreme Court; one copy to be retained for your records.]
- (C) One 9 x 12 mailing envelope preaddressed to the Clerk of the Supreme Court.

Please follow these instructions carefully and return the original of your statement in the mailing envelope furnished herewith preaddressed to the Clerk of the Supreme Court.

Forms for compliance with Public Act 77-1806, "Illinois Governmental Ethics Act", (5 ILCS 420/4A-101) will be mailed to you under separate cover and must be filed separately with the Secretary of State.

If you have any questions regarding this information, please contact Barbara Black, Administrative Office of the Illinois Courts, at (217) 524-6429. Thank you for your cooperation.

Sincerely,

Michael J. Tardy
Director

MJT:bjb
Enclosures

**Supreme Court of Illinois Courts
Administrative Office of the Illinois Courts
Human Resources System (HRS) Requirements**

Recruitment Database

- ✦ Position is associated with a classification code.
- ✦ If applicable, maintain information regarding position; date position was approved to be filled, date of posting, where job vacancy announcements were posted, date resumes and application materials were received, date applications/materials were forwarded to manager, testing dates, types of tests conducted and their associated scores, dates of interviews, names of interviewees, reference check information, hire date and comments.
- ✦ Maintain applicant information; name, address, email address, education, phone/cell and fax number.
- ✦ System generates test cover sheet ([Attachment](#)).
- ✦ System generates offer letter ([Attachment](#)) and employee information to be uploaded to assign them to a position allocation code number.
- ✦ System generates rejection letter ([Attachment](#)).
- ✦ Must be able to by-pass recruitment process if not applicable.

July 31, 2014

Ms. Jane Smith
155 Main Street
Springfield, IL 62711

Dear Ms. Smith:

I am pleased to confirm your acceptance of our offer to begin employment with the Administrative Office of the Illinois Courts in the position as Administrative Assistant 2 on Monday, August 18, 2014, at an annual salary of \$30,247. Your hours of work are designated as 8:30 a.m. – 5:00 p.m., Monday - Friday.

As a policy, we inform new hires that all employees of the Administrative Office of the Illinois Courts are at-will employees. This means that your employment is not contractual, or guaranteed for any period of time, and that it may be terminated with or without cause at any time.

Enclosed, please find a payroll packet of employment information and forms that you will need to review and complete. Please bring them with you on August 18, 2014. Pay warrants are scheduled for distribution on the 15th and on the last day of each month.

On behalf of the Administrative Office, I welcome you to the judicial branch of government and the beginning of what I hope will be a challenging and rewarding career. If you have any questions, please don't hesitate to call me at (217) 524-1234. I am pleased you will be joining our office and look forward to seeing you on August 18th at 8:30 a.m.

Sincerely,

Todd Schroeder, Assistant Director
Assistant Director, Court Services Division

Enclosures

c: Michael J. Tardy, Director
Marcia Meis, Deputy Director
Barbara Black, Human Resource Manager, Executive Division

August 1, 2014

Mr. John Smith
1234 Main Street
Springfield, IL 62704

Dear Mr. Smith:

Thank you for your interest in the Account Clerk 1 position with the Administrative Office of the Illinois Courts. This letter is to inform you that we have completed the selection process and another applicant has been selected for the position.

We appreciate your time and wish you well in future career endeavors. Again, thank you for your interest in the Judicial Branch of Illinois.

Sincerely,

Barbara Black
Human Resource Manager
Executive Division
3101 Old Jacksonville Road
Springfield, Illinois 62704

ACCOUNT CLERK 1 POSITION

Name: _____

Date: _____

SAME/DIFFERENT TEST

5 minute timed

___ CORRECT OUT OF 18

Time to complete: _____ minutes _____ seconds

ARITHMETIC TEST

10 minute time limit

___ CORRECT OUT OF 20

Time to complete: _____ minutes _____ seconds

INVOICE VOUCHER TEST

10 minute timed

___ CORRECT OUT OF 13

Time to complete: _____ minutes _____ seconds

DATA ENTRY TEST

10 minute timed

___ CORRECT OUT OF 48

Time to complete: _____ minutes _____ seconds

**Supreme Court of Illinois Courts
Administrative Office of the Illinois Courts
Payroll/Human Resources System (PHRS) Requirements**

Worker's Compensation Database

- ✚ Database must include data fields for tracking worker's compensation requests and claims.
- ✚ Database should be capable of generating cover letter ([Attachment](#)).
- ✚ Database should be capable of generating letter of compensability ([Attachment](#)).
- ✚ Database should be capable of generating a State of Illinois List Voucher ([Attachment](#)).

May 16, 2014

John Smith
1234 Main Street
Chicago, IL 60609

Dear Mr. Smith:

The Executive Division of the Administrative Office of the Illinois Courts has received notification from Tristar Risk Management, that your workers' compensation claim number 12345678, was approved.

If you have any questions or require additional information regarding your claim, please contact Tristar at 1-800-347-7779.

Sincerely,

Barbara J. Black
Human Resource Manager
Executive Division
3101 Old Jacksonville Road
Springfield, Illinois 62704
(217) 524-6429

c: Steven M. Ravid, Clerk
First District Appellate Court

August 1, 2014

Honorable Joe Smith
Chief Circuit Court Judge
Nineteenth Judicial Circuit
18 N. County Street
Lake County Courthouse
Waukegan, IL 60085-4359

Dear Chief Judge Smith:

Enclosed please find workers' compensation forms for you and your employee to complete and return to my attention as soon as possible. I am unable to forward the forms to Tristar Risk Management for their review until all completed forms have been received.

The workers' compensation forms are listed below:

Workers' Compensation Employee's Notice of Injury (completed by employee)
Initial Workers' Compensation Medical Report (completed by employee's doctor)
Authorization to Use or Disclose Information (completed by employee)
Supervisor's Report of Injury or Illness (completed by supervisor)
Workers' Compensation Witness Report (completed by witnesses, if any)

Also, enclosed is a Handbook on Workers' Compensation and Occupational Disease for your employee's information. If you have any questions, please contact me at 217/524-6429.

Sincerely,

Barbara Black
Human Resource Manager

Enclosures

State of Illinois List Voucher

1. Agency or Institution Department of Central Management Services - Risk Management Division	Location Springfield, IL	5. Voucher No.
2. Appropriation Account Code No. 011-41620-4420-0-0	3. Expenditure Object 4421	6. Voucher Date
4. Explanation of Payments to be Made Department of Illinois Courts Division Code 20000 Workers' Compensation - Temporary Total Disability Benefits Period: June 16, 2011 through June 30, 2011		7. Requires IRS 1099 Reporting <input type="checkbox"/> Yes <input type="checkbox"/> No
		8. Single Obligation No. 9. P/F 00

10. Payee & Address	11. Vendor/Obligation Numbers	12. Amount	13. For Agency Use Only
[Redacted Payee Address] [Redacted Address] [Redacted City, IL 62040] [Redacted County, Madison County] [Redacted Pay 5 Days - RTW 6/21/11]	Vendor Number		DA: [Redacted] Married Dependents: [Redacted] CF: [Redacted] Avg Weekly Salary: [Redacted] TTD Weekly Rate: [Redacted] TTD This Period: 6/16/11-6/20/11
	Obligation Number	P/F	
	Vendor Number		
	Obligation Number	P/F	
	Vendor Number		
	Obligation Number	P/F	
	Vendor Number		
	Obligation Number	P/F	
	Vendor Number		
	Obligation Number	P/F	
	Vendor Number		
	Obligation Number	P/F	
14. Page Total →			

CERTIFICATION			
It is hereby certified that the amounts specified in this voucher are correct and proper in accordance with the applicable regulations and statutes of the State of Illinois, and are hereby approved for payment. If applicable, the reporting requirements of Section 5.1 of "An Act to create the Bureau of the Budget" have been met.	<table style="width: 100%;"> <tr> <td style="width: 70%;">Approved - Agency Head</td> <td style="width: 30%;">Date</td> </tr> </table>	Approved - Agency Head	Date
Approved - Agency Head	Date		

Head of Unit or Authorizing Agent
Date
Approved - Director of Administrative Services
Date

Payroll

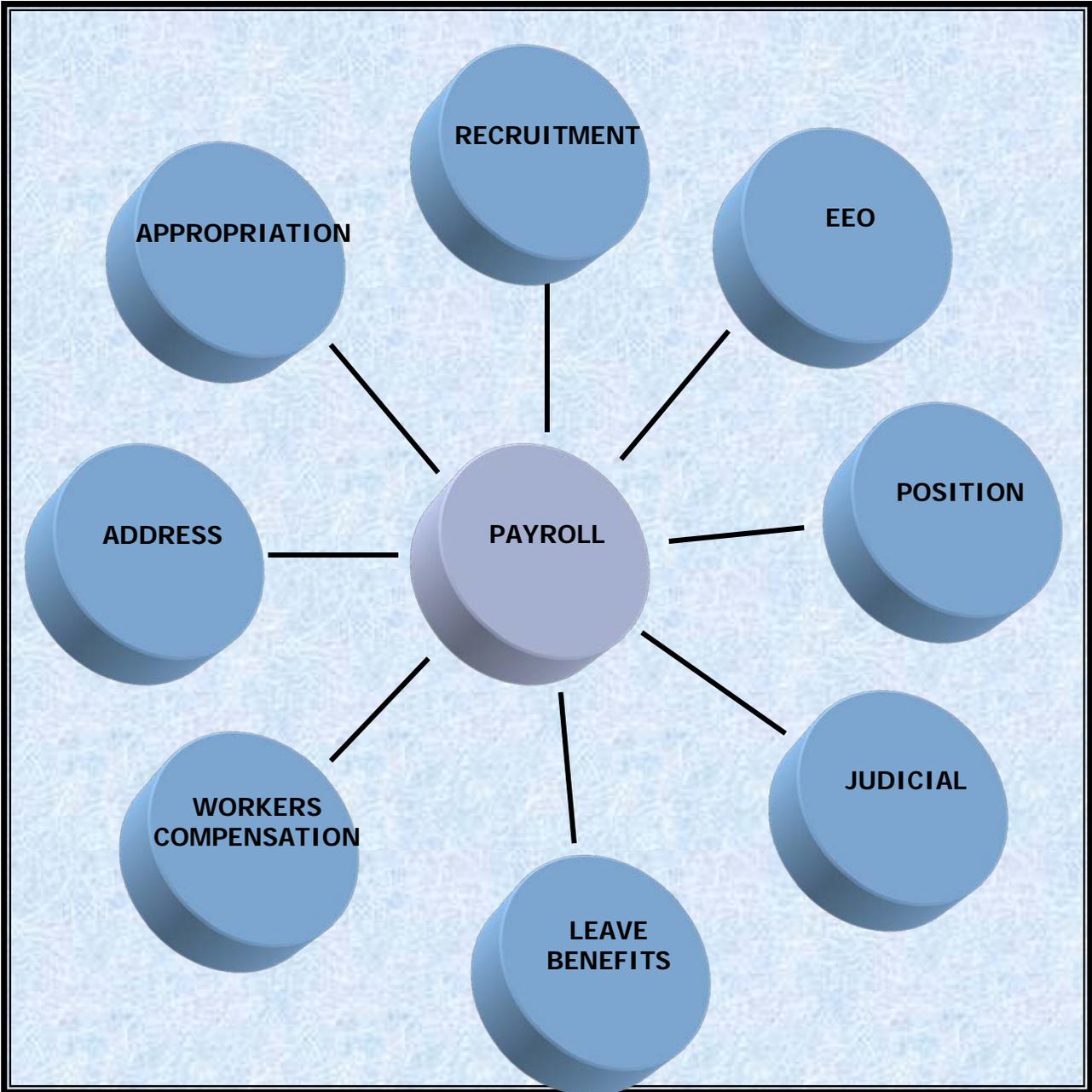
**Supreme Court of Illinois Courts
Administrative Office of the Illinois Courts
Payroll/Human Resources Application Requirements**

General Requirements

- ✦ Data from existing systems must be exported to new system.
- ✦ New system must be capable of importing data files from other systems, such as, Central Management Services (CMS), Internal Revenue Service (IRS), State Board of Elections (SBE), etc.
- ✦ Capability for user to generate standard or ad hoc reports with specific parameters from any or all of the databases.
- ✦ Capability of querying and exporting data to word processing or spreadsheet software.
- ✦ Capability of maintaining history of all transactions entered into each system.
- ✦ Capability of generating a report log of all changes made to each system by date, user, or other criteria.
- ✦ The State's fiscal year (SFY) begins each July 1st and ends June 30th of the following calendar year with a two month lapse period (July and August) to pay for any salary expenditures that occurred during the SFY.
- ✦ A calendar year (CY) for semi-monthly payrolls begins December 16th and ends December 15th of the following CY.
- ✦ A CY for monthly payrolls begins December 1st and ends November 30th of the following CY.
- ✦ Capability to secure data by user.
- ✦ Changes and calculations to the system must be shown in real time.
- ✦ Must provide detailed user procedures and system manual.

Administrative Office of the Illinois Courts

Payroll/HR System Flow Chart



**Supreme Court of Illinois Courts
Administrative Office of the Illinois Courts
Payroll/Human Resources Application Requirements**

Payroll Database

- ✦ System generates Personnel Action Request (PAR) for new hires, position changes, salary changes, unpaid leaves of absences, terminations, resignations, retirements **(Attachment A)**.
- ✦ System generates monthly and semi-monthly payrolls for judicial branch employees on an anticipated basis prior to receipt of time records. Part-time and contractual employees are paid on a delayed basis when time records are received. Individuals who receive a stipend are paid annually. Employee or non-employees can be paid annually, monthly, semi-monthly, daily, or hourly.
- ✦ The system must produce a paper output and electronic data file for each payroll run in accordance with requirements set forth by the Office of the Comptroller (IOC) **(Attachment B or <http://www.illinoiscomptroller.com/>)**
- ✦ If IOC dictates a change, system must be able to be changed or updated in a minimal amount of time as to ensure payroll is run on time and meets IOC standards.
- ✦ System must be capable of running a payroll pre-run as many times as necessary to correct errors and make additional changes without updating an employee's year to date totals, appropriation balances, and history tables.
- ✦ Must have the capability to lock the Database once all information is determined to be complete and the payroll is submitted to the IOC. At that time, the employee year to date totals, appropriation balances, and history tables should be updated.
- ✦ Must be able to select, by parameters, an individual or group of employees for payroll pre-runs and updates.
- ✦ System needs to accept and calculate adjustments to gross pay when adjustment is within the pay cycle (i.e. new hire, retirement, resignation, position change, salary change).
- ✦ System will be required to maintain and calculate state withholding tax for Illinois, Iowa, Kentucky, Michigan, and Wisconsin residents.
- ✦ User must be able to associate a SFY/CY (as identified in the General Requirements) with data that changes each SFY/CY. Tables include, but are not limited to, appropriation funds, insurance premiums, tax tables, reimbursement rates.
- ✦ After each payroll run, system must generate a Payroll Certification report **(Attachment C)**.
- ✦ Adjustments to gross pay, such as docked pay, vacation payouts, etc., should be calculated by the system using specified formulas.
- ✦ System must allow users to enter and perform a mass update to employee records, such as annual increases, insurance changes, table changes, etc. Before update is finalized, a review process to verify data is required.
- ✦ System needs to process a group insurance reimbursement payment for each payroll run **(Attachment D and E)**.

Judicial Branch of Government

Personnel Action Request

Employee (Last Name, First Name, Middle)	SSN	Type of Action	Effective Date
Jones, Jose V.	123-45-6789	Promotion/Salary Increase	10/03/2008

	Current	New
Title	Deputy Clerk 1 - Appellate	Deputy Clerk 2 - Appellate
Employment Status	<input checked="" type="checkbox"/> Full-time Regular <input type="checkbox"/> Full-time Temp	<input type="checkbox"/> Part-time Regular <input type="checkbox"/> Part-time Temp
Salary Rate	<input type="checkbox"/> Hourly <input checked="" type="checkbox"/> Annual \$ 22,511.00	<input type="checkbox"/> Hourly <input checked="" type="checkbox"/> Annual \$ 23,637.00
Grade	Grade 73	Grade 74
Pay Code	08-121	Same
Position Allocation Code	A01CC-Cg-1101-004	A01CC-Cg-1103-003
Appropriation Source	001-20115-1120-0000	Same
Office/Division	1 st Appellate District	Same
Reports To	Clerk of the Court	Same

Comments	5% increase in salary

Reviewed By Assistant Director, Admin Services _____ Date _____

<i>Payroll Personnel</i>								<i>Benefits Personnel</i>		<i>Attendance Personnel</i>		<i>Budget Personnel</i>	
Date Prepared	By	Date Entered	By	Date Reviewed	By	Date Reviewed	By	Date Reviewed	By	Date Reviewed	By	Date Reviewed	By
3/24/09	MRH												

<input type="checkbox"/> ID Card	Batch/ _____ to _____	<input type="checkbox"/> Envelope	<input type="checkbox"/> Posting Book	<input type="checkbox"/> Personnel Folder	<input type="checkbox"/> IDES Form	<input type="checkbox"/> JRS Memo
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**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	PAYROLL	PROCEDURE - PAGE NO.
		23.00.00 1 of 3
SUB-SECTION		EFFECTIVE DATE
		January 1, 2011
PROCEDURE	INDEX	REVISION NUMBER
		11-002

23	Payroll
10	System Overview
10	Introduction
20	System Cycle and Timing
30	System Controls
40	Document Description
	.. Source Documents
	.. Output Documents
50	Statement of General Policy
60	Statute Statement
20	Input Document Procedures
05	Federal/Illinois W-4 Card
10	Employee's Statement of Nonresidence in Illinois
15	Federal W-5 Form
25	Authorization for Deposit of Recurring Payments
30	Deduction Authorization and Revocation Forms
40	Payroll Voucher
45	Payroll Voucher Distribution Schedule
50	Payroll Voucher Input Tape
55	Salary Refund System Overview
60	Salary Reversal Procedures

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	PAYROLL	PROCEDURE - PAGE NO. 23.00.00 2 of 3
SUB-SECTION		EFFECTIVE DATE January 1, 2011
PROCEDURE	INDEX	REVISION NUMBER 11-002

65 Salary Refund Form Processing

70 Authorization to Pick-up Salary Warrants

75 Contractual Payroll (C02 Vouchers)

80 Schedule (Form C-11)

30 Output Report Procedures

10 Payroll Warrant, Warrant Stub, and Earnings Statement

20 Agency Return Tape

50 Form W-2

40 Control Procedures

10 Payroll Voucher Audit Procedures

20 Warrant and Earnings Statement Distribution Procedures

50 Supplemental Procedures and References

10 Supplemental Procedures

.. Determination of Payrolls and Pay Codes

.. Supplementary Payrolls

.. Inquiry Procedure

.. Fiscal Year Cut-offs

.. Transferred Employees

.. New Employees

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	PAYROLL	PROCEDURE - PAGE NO. 23.00.00 3 of 3
SUB-SECTION		EFFECTIVE DATE January 1, 2007
PROCEDURE	INDEX	REVISION NUMBER 07-003

- .. Terminated Employees
- .. Multiple Warrant Procedures
- .. Deduction Correction Procedure
- .. Authorized Deduction Company Approval
- .. Trailer Record Payments
- .. Reciprocal Taxes
- .. Nonresident aliens
- .. Social Security Number Corrections

20 Death Benefit Procedure

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	PAYROLL	PROCEDURE - PAGE NO. 23.10.10 1 of 1
SUB-SECTION	SYSTEM OVERVIEW	EFFECTIVE DATE January 1, 2013
PROCEDURE	INTRODUCTION	REVISION NUMBER 13-002

INTRODUCTION

The State of Illinois Payroll System generates payroll warrants or electronic direct deposit transactions for all employees paid from funds held in the State Treasury for which the State Treasurer is officio or ex-officio custodian. All payroll warrants and direct deposits must be supported by a precalculated payroll voucher submitted and approved by authorized agency personnel. Deductions from gross pay reflected on the payroll voucher tape must in turn be supported by a deduction authorization maintained by the employing agency. After auditing and balancing the vouchers and tapes, the Comptroller's Office issues employee payroll warrants*** or makes electronic direct deposits for the net pay amount on the voucher and returns these warrants or, in the case of direct deposits, earnings statements, to the agency for distribution to the employees. Trailer warrants, reflecting the amounts paid to insurance companies, credit unions, unions, associations, tax sheltered annuities, saving bonds**, parking fees, garnishments* and child support processing fees, will be distributed by the Comptroller's Office. Warrants representing Tax Levies, Garnishments, Unemployment Compensation, Bankruptcies and money owed another State agency will be returned to the vouchering agency for distribution.

The payroll section also includes sub-systems that issue and print Contractual payments (C02 Vouchers), process salary refunds and corrections, print miscellaneous reports for the legislature, and respond to requests for information concerning State employees.

*Effective January 1, 1999, Public Act 90-677 changed the processing requirements for Wage deduction orders (garnishments, citations and administrative garnishments). Wage deductions are treated as a payroll deduction trailer which are returned to the originating agency for distribution.

All Child Support payments are sent directly to the New State Disbursement Unit, except for payments authorized to be sent directly to the custodial parent. These direct pay child support warrants are forwarded to the vouchering agency for distribution.

**Effective September 1, 2010, the Illinois Office of the Comptroller discontinued the State's payroll savings bond program when the U.S. Department of the Treasury discontinued their payroll savings bond plans.

***Effective February 1, 2012, the Illinois Office of the Comptroller implemented the State employee payroll portion of Public Act 97-348 requiring all employees to receive their salary payments Direct Deposit or pay a \$2.50 processing fee unless they are on the IOC Hardship File. See Payroll Bulletins 3-11 and 1-12.

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	PAYROLL	PROCEDURE - PAGE NO. 23.10.20 1 of 2
SUB-SECTION	PAYROLL	EFFECTIVE DATE January 1, 2013
PROCEDURE	SYSTEM CYCLE AND TIMING	REVISION NUMBER 13-002

SYSTEM CYCLE AND TIMING

The overall payroll system can be segregated into three basic segments: employee registration, voucher processing and distribution of warrants and payroll related data.

EMPLOYEE REGISTRATION

Employee registration includes procedures necessary to enroll new employees in the State payroll system and to change information pertaining to employees previously enrolled. State and Federal withholding forms (W-4s) must be signed by the employee, and submitted to the Comptroller's Office by hard copy or electronically (See Exhibit 23.20.05-B) prior to the employee appearing on a payroll voucher. A copy of the W-4s must be maintained by the vouchering agency. Authorizations for deductions or revocations of previous deductions of voluntary deductions should not be sent to the Comptroller's office but must be maintained by the vouchering agency. The IOC recommends the vouchering agency review the employee's social security card to verify it matches their completed W-4 cards.

Even if an employee's W-4 information is submitted electronically and he/she is claiming exempt or claiming 10 or more exemptions, a W-4 card is required to be sent to the Comptroller's Office.

VOUCHER PROCESSING

Voucher processing includes procedures to prepare and submit payroll vouchers to the Comptroller's Office. Payroll vouchers reflecting gross pay for each employee on a payroll are required by 9 a.m. four working days prior to the scheduled pay date. Agencies are required to supply a magnetic tape/FTP to support the voucher. A payroll voucher distribution schedule reflecting the accounting distribution of gross expenditures and employer contributions to social security and retirement systems paid through the payroll system must be submitted with every voucher.

File Transfer Protocol (FTP) must be approved and tested by the Comptroller's office prior to submission.

A new Payroll Tape Layout was adopted July 1, 2001 (Exhibit 23.20.50). A new abbreviated (reduce paper) version of the payroll voucher was adopted. (See Appendix F) of the Payroll Tape Layout. (Exhibit 23.20.50)

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	PAYROLL	PROCEDURE - PAGE NO. 23.10.20 2 of 2
SUB-SECTION	SYSTEM OVERVIEW	EFFECTIVE DATE January 1, 2011
PROCEDURE	SYSTEM CYCLE AND TIMING	REVISION NUMBER 11-002

WARRANTS AND PAYROLL DATA DISTRIBUTION

Distribution includes procedures to transmit payroll warrants and earnings statements from the Comptroller's Office to the agency. Warrants and earnings statements are printed alphabetically within distribution code sequence after a balanced and error-free voucher is received from the agency and are released to agencies to be distributed to employees on the scheduled pay date.

Direct deposits are credited to employees' accounts on the scheduled pay date provided a balanced and error free voucher is submitted at least four working days prior to the scheduled pay date.

Payroll trailer warrants and transmittal lists are sent directly to third parties weekly or as required.

Payroll for employees under contract are to be processed through the salary payroll system. Therefore, employee registration, voucher processing, warrants, and payroll data distribution follow the same procedures as the salary payroll.

Stipend payments are to be processed through the salary payroll system. Any agency required to make these payments must contact the Comptroller's Payroll Unit for detail instructions prior to processing.

Address tapes must be submitted prior to processing payments for stipends.

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	PAYROLL	PROCEDURE - PAGE NO. 23.10.30 1 of 2
SUB-SECTION	SYSTEM OVERVIEW	EFFECTIVE DATE January 1, 2014
PROCEDURE	SYSTEM CONTROLS	REVISION NUMBER 14-002

SYSTEM CONTROLS

Payroll system controls are segregated among the vouchering agency, the Comptroller's Office, the Department of Central Management Services, the State Treasurer, and external auditors. Together these controls insure that payroll warrants and direct deposit transactions have been properly authorized, are accurate, and that all deductions from an employee's gross pay are supported by source documents and conform to the State Salary and Annuity Withholding Act.

AGENCIES

Agencies are responsible for completing the payroll voucher each pay period and attesting to the employee's rate of pay, gross earnings, deductions, net pay, and other required information on the voucher and tape. The initial control of each payroll is at the agency level. Agencies are also responsible for distributing printed payroll warrants and earnings statements to their employees.

Employees under contract do not qualify for inclusion in the State Employees' Retirement System, the State Universities Retirement System, or the State Employees Group Insurance Program. Employees under contract who work in certain State educational facilities may qualify for membership in the Teachers' Retirement System. Employers of members of the Teacher's Retirement System are required to withhold contributions to the System. Contractual employees will be in most cases, subject to the full 7.65%* FICA tax if they are not covered under a pension plan that meets a specific defined contribution rule. The Internal Revenue Service has determined that a contractual employee meets this minimum benefit rule if he or she contributes at least 7.5% of his or her State compensation to a pension plan.

*For calendar years 2011 and 2012 only, the employee's contribution was 4.2% for FICA and 1.45% for Medicare. The Employer's contribution remained at 6.2% for FICA and 1.45% for Medicare. The employee's contribution returned to the standard 6.2% for FICA starting for the calendar year 2013. However, starting in calendar year 2013, the Affordable Care Act raised the employee's portion for the Medicare tax percentages to 2.35% for wage contributions that exceed \$200,000 in a calendar year. Wages less than \$200,000 remain at 1.45%. See Payroll Bulletins 3-10 and 3-13.

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	PAYROLL	PROCEDURE - PAGE NO. 23.10.30 2 of 2
SUB-SECTION	SYSTEM OVERVIEW	EFFECTIVE DATE January 1, 2014
PROCEDURE	SYSTEM CONTROLS	REVISION NUMBER 14-002

COMPTROLLER'S OFFICE

The Comptroller's Office controls include the editing of each payroll voucher against the marital status and exemptions shown on the payroll tape and verification that each voucher/tape/file crossfoots and balances and that there are sufficient funds in the State Treasury and/or unexpended appropriation to meet the expenditures on the voucher. There are also various internal control procedures to insure warrants are printed and distributed to agencies on a timely basis, direct deposits are made on the scheduled pay date, and employee records are updated correctly.

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES-BUREAU OF PERSONNEL

The Bureau of Personnel controls include an automated post-audit of all employees subject to the personnel code.

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	PAYROLL	PROCEDURE - PAGE NO. 23.10.40 1 of 4
SUB-SECTION	SYSTEM OVERVIEW	EFFECTIVE DATE January 1, 2014
PROCEDURE	DOCUMENT DESCRIPTION	REVISION NUMBER 14-002

DOCUMENT DESCRIPTION

The documents pertaining to the Payroll System are categorized as either source documents or output documents. Source documents are segregated into three groups: Employee registration forms, Voucher Processing Forms and Salary Refund Forms. A brief description of each document follows.

SOURCE DOCUMENTS

I. Employee Registration Forms

The basic forms in the employee registration segment of the State payroll system are State and Federal W-4 cards, Form IL-W-5NR, Form W-5, the bond authorization card, the direct deposit authorization form and the payroll deduction authorization forms.

A. W-4 Cards (Exhibit 23.20.05-A)

State and Federal withholding forms provide the legal authorization for withholding taxes, and therefore must be completed by all employees and retained by the agency. (See Procedure 23.20.05.)

B. Employee's Statement of Nonresidence in Illinois, (Exhibit 23.20.10-A)

An Employee's Statement of Nonresidence in Illinois (Form IL-W-5NR) must be completed by employees claiming exemption from Illinois income tax withholding because they are residents of states which have reciprocal withholding agreements with Illinois. Reciprocal states are Iowa, Kentucky, Michigan, and Wisconsin. Agencies must have a copy of this form on file; it need not be filed with the Comptroller's Office (See Procedure 23.20.10.)

C. Form W-5 (Exhibit 23.20.15-A)

A form W-5 must be completed by employees who are eligible for advanced payments of earned income credit. A copy need not be filed with the Comptroller's Office. (See Procedure 23.20.15.)

NOTE: The option of receiving advance payroll payments of earned income credit expired on December 31, 2010.

STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER

SECTION	PAYROLL	PROCEDURE - PAGE NO. 23.10.40 2 of 4
SUB-SECTION	SYSTEM OVERVIEW	EFFECTIVE DATE January 1, 2011
PROCEDURE	DOCUMENT DESCRIPTION	REVISION NUMBER 11-002

D. Authorization For Deposit of Recurring Payments (Exhibit 23.20.25-A)
Employees may authorize direct deposit of their salary payments by completing the Authorization for Deposit of Recurring Payments. A new form must be completed for changes in financial institutions or account number within a financial institution. (See Procedure 23.20.25.)

E. Deduction Authorization Form
This form which is distributed by the employing agency and/or vendor authorizes the Comptroller to withhold monies from an employee's gross pay for a specific purpose authorized by the employee (**5 ILCS 365/5**). Forms must be completed and signed by the employee and maintained by the agency. These deduction authorizations need not be filed with the Comptroller. (See Procedure 23.20.30.)

II. Voucher Processing Forms

There are three major source input documents that are required from agencies each pay period: the payroll voucher, the payroll voucher distribution schedule and the payroll voucher input tape/FTP.

A. Payroll Voucher (Exhibit 23.20.50, Appendix F)

Payroll vouchers provide the basis for paying each employee and therefore must be submitted to the Comptroller's Office each pay period. Each voucher consists of four parts: (1) Abbreviated detail page, (2) Trailer page(s), (3) Total page, and (4) Certification page. The detail page(s) list name and social security number for each employee, reflecting gross pay and other payroll related information. The trailer pages reflect the total amount to be paid to each vendor. The total page is the summary for selected payroll fields. The certification page must be signed by an authorized person(s).

B. Payroll Voucher Distribution Schedule (Exhibit 23.20.50, Appendix F)

A voucher distribution schedule must accompany all payroll vouchers and must reconcile to the total charges on the payroll voucher. The purpose of the schedule is to serve as a transmittal and control document, and to summarize all charges to appropriations made from the voucher. It therefore contains charges (if any) to State paid FICA or Medicare, retirement appropriations, and Insurance reimbursement in addition to personal services.

STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER

SECTION	PAYROLL	PROCEDURE - PAGE NO. 23.10.40 3 of 4
SUB-SECTION	SYSTEM OVERVIEW	EFFECTIVE DATE July 1, 2014
PROCEDURE	DOCUMENT DESCRIPTION	REVISION NUMBER 15-001

- C. Payroll Voucher Magnetic Tape/FTP
Agencies must submit a magnetic tape/FTP in conjunction with their payroll vouchers. The tape/FTP contains one detail record for employee record on the payroll voucher and one trailer record for each vendor warrant.

III. Salary Refund System

The salary refund system provides agencies with the capability to completely or partially reverse the effect of payroll warrants that were issued in error. There are two major segments of the system: (1) the salary reversal procedure provides the capability to recover money that has previously been paid to vendors and now must be recovered, and (2) the salary refund form processing procedure which provides the vehicle for redepositing the money recovered into the State Treasury, crediting the appropriation from which it was paid and correcting the employee's year-to-date earnings and tax records. All salary reversals must have Comptroller's prior authorization.

- A. Salary Reversal Procedure
This procedure allows agencies to recover erroneous salary payment deductions via the payroll system, as opposed to requesting cash refunds directly from the vendor. Reversed amounts must match amounts entered on the Salary Refund Form. However, agencies may obtain the refund directly from the vendor in some instances. The money recovered is then submitted to the Comptroller's Office with the Salary Refund Form. See Payroll Bulletin 2-13.
- B. Salary Refund Form (Exhibit 23.20.65-A)
The salary refund form is a transmittal document for depositing money in the State Treasury, crediting the appropriation accounts and adjusting the employee's earnings. The form must be accompanied by state warrant(s) or Treasury draft(s) for the amount to be redeposited. Due to timing issues, agencies must have any Treasury draft(s) prior to processing the reversal.
- C. Salary Refund Tape/FTP Records
The voucher input tape/FTP submitted by agencies must contain a tape/FTP record that corresponds to each entry on the voucher.

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	PAYROLL	PROCEDURE - PAGE NO. 23.10.40 4 of 4
SUB-SECTION	SYSTEM OVERVIEW	EFFECTIVE DATE January 1, 2013
PROCEDURE	DOCUMENT DESCRIPTION	REVISION NUMBER 13-002

IV. Other Documents

A. Authorization to Pick-Up Salary Warrants (Exhibit 23.20.70-A)

The authorization is used by State or Courier employees to provide specimen signatures to the Comptroller for person(s) authorized to pick up salary warrants from the Office of the Comptroller.

OUTPUT DOCUMENTS

I. Payroll Warrant and Stub (Exhibit 23.30.10-A)

Exhibit 23.30.10-A shows the warrant and warrant stub used for all payroll warrants. Warrants will be picked up or mailed to the agencies for distribution to the employees.

II. Agency Return Tape/FTP

Agency Return Tapes/FTP will be provided to agencies upon request. Hard copy reports will not be provided.

III. Wage and Tax Statement - Form W-2 (Exhibit 23.30.50-A)

W-2's are printed annually and reflect all payments made from State funds.

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	PAYROLL	PROCEDURE - PAGE NO. 23.10.50 1 of 1
SUB-SECTION	SYSTEM OVERVIEW	EFFECTIVE DATE January 1, 2013
PROCEDURE	STATEMENT OF GENERAL POLICY	REVISION NUMBER 13-002

STATEMENT OF GENERAL POLICY

The State of Illinois Payroll System generates payroll warrants or direct deposit transactions for all employees, paid from funds held in the State Treasury or for which the State Treasurer is ex-officio custodian. Payments cannot be made from private funds, i.e., funds held outside the State Treasury. All warrants or direct deposits must be supported by a payroll voucher/tape approved by authorized agency personnel.

Payroll vouchers may contain multiple personal services appropriations but each detail record can only be charged to one appropriation account code.

Payroll warrants or direct deposits will not be generated for vouchers drawn on insufficient funds, vouchers which are unbalanced, or vouchers which contain errors that cannot be reconciled with the agency.

State and Federal W-4 cards (form C-25) and other voluntary deduction cards must be signed by the employee. A copy of the State and Federal W-4 card must be filed with the Comptroller and the agency is responsible for maintaining the original employee's W-4 card (See Exhibit 23.20.05-A, Employee's Withholding Exemption Certificate). A copy of all other voluntary deduction forms need not be filed with the Comptroller but must be maintained by the agency.

The Comptroller's Office maintains a master file of all employees paid from State funds and will respond to all requests for information on a timely basis.

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	PAYROLL	PROCEDURE - PAGE NO. 23.10.60 1 of 2
SUB-SECTION	SYSTEM OVERVIEW	EFFECTIVE DATE January 1, 2013
PROCEDURE	STATUTE STATEMENT	REVISION NUMBER 13-002

STATUTE STATEMENT

The set of laws that have the primary impact upon the State of Illinois Payroll System is the State Comptroller Act and the State Salary and Annuity Withholding Act. The most relevant sections of these acts are:

State Comptroller Act (15 ILCS 405/9): This section of the act provides that payments made from public funds must be made by a warrant drawn by the Comptroller except as provided in Section 9.03 (see below). It also specifies that agencies supply an itemized voucher and that the Comptroller's Office audit the voucher for legality and fund sufficiency prior to issuing warrants.

State Comptroller Act (15 ILCS 405/9 (b-1)): An itemized voucher for under \$5 that is presented to the Comptroller for payment shall not be paid except through electronic funds transfer.

State Comptroller Act (15 ILCS 405/9.03): This section provides that payments to a person paid from personal services may be made by direct deposit to the account of the person at a bank, savings and loan association, or credit union.

If a State Agency pays an employee's payroll without using direct deposit, the Comptroller may charge that employee a processing fee of \$2.50 per paper warrant. State employees covered by provisions in collective bargaining agreements that do not require direct deposit of paychecks are exempt from this mandate. In addition, a State employee may file a hardship petition with the Office of the Comptroller requesting an exemption from the direct deposit mandate.

State Comptroller Act (15 ILCS 405/10.05): This section provides that deductions may be made from the net pay by the Comptroller's Office whenever there is a claim in favor of the State on file against a State employee. No deductions may appear on the voucher relating to this section.

State Comptroller Act (15 ILCS 405/12): "The comptroller shall be the State payroll officer, shall maintain the official payroll for all State agencies and shall supervise the issuance of all payroll warrants. The Comptroller shall design and approve payroll voucher forms and payroll distribution schedule forms, and any person presenting a payroll distribution schedule to the Comptroller shall use the prescribed form."

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	PAYROLL	PROCEDURE - PAGE NO. 23.10.60 2 of 2
SUB-SECTION	OVERVIEW	EFFECTIVE DATE January 1, 2013
PROCEDURE	STATUTE STATEMENT	REVISION NUMBER 13-002

State Comptroller Act (15 ILCS 405/13): "The Comptroller shall prepare a schedule showing the dates on which all employees of the State shall be paid....No payment shall be made before the completion of the period for which the compensation is being paid, except that employees leaving the service of the State may be paid at the termination of their period of employment."

"Such schedule shall be prepared showing such dates of payment so as to provide as far as is practical, an even flow of work for issuance of warrants in payment of personal services." The procedure for calculating payments for fractional parts of a pay period is also prescribed.

State Salary & Annuity Withholding Act (5 ILCS 365/3): This section provides the Comptroller with the directive to withhold deductions from an employee's salary based upon the withholding authorization which he has completed.

State Salary & Withholding Act (5 ILCS 365/4): This section specifies the type of voluntary deductions that can be made under the Act.

Wage Deduction for Benefit of Creditors Act (735 ILCS 5/12 - 801): This section describes the statutory duty of the employer (the particular state agency which employs the defendant named in the wage deduction summons) when served with a wage deduction summons.

Voluntary Payroll Deductions Act of 1983 (5 ILCS 340/1): This Act authorizes the withholding of monies for certain qualified charitable organizations upon employee request.

State Finance Act (30 ILCS 105/14a): This section describes the procedures for payment of accrued vacation time, overtime and sick leave upon the death or termination of an employee.

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SECTION	PAYROLL	PROCEDURE - PAGE NO. 23.20.05 1 of 4
SUB-SECTION	INPUT DOCUMENT PROCEDURES	EFFECTIVE DATE July 1, 2002
PROCEDURE	FEDERAL/ILLINOIS W-4 CARD	REVISION NUMBER 03-001

FEDERAL AND ILLINOIS W-4 CARD (Exhibit 23.20.05-A)

PURPOSE

Each employee must complete a Federal/Illinois W-4 Employee's Withholding Exemption Certificate (Comptroller form C-25). The information entered on the form C-25 is used to calculate the amount of Federal and Illinois withholding taxes to be withheld as certified on the payroll voucher for each employee.

Worksheets for completion of the Federal and State W-4's can be obtained from the Internal Revenue Service and the Illinois Department of Revenue.

REQUIREMENTS

Effective January 1, 1982, all State agencies must have on file a properly completed Federal/Illinois W-4 for all active employees. If an employee refuses to complete a Form W-4, tax should be withheld at the same rate as a person claiming a status of single and no allowances. State agencies must maintain the last effective Federal/Illinois W-4 for terminated employees for a period of 4 1/2 years.

Any employee returning from a leave of absence of six months or longer is required to complete a new Federal/Illinois W-4 Card. In addition, the loss of an exemption that affects withholding at the beginning of the next taxable year, such as a divorce or the loss of a dependent, should be reflected by an amended Form W-4 on or before December 1. If the change occurs in December, the new Form W-4 must be furnished within 10 days of the day on which the change occurs.

DISTRIBUTION

Two copies of the Federal/Illinois W-4 should be completed by each employee. One is to be retained by the employing State agency and one is to be forwarded to the Comptroller's Office. Information from the W-4 card may be submitted to the Comptroller's Office electronically; however, if claiming exempt or 10 or more exemptions, a hard copy (W-4) is to be submitted to the Comptroller's Office.

**STATE OF ILLINOIS
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SECTION	PAYROLL	PROCEDURE - PAGE NO. 23.20.05 2 of 4
SUB-SECTION	INPUT DOCUMENT PROCEDURES	EFFECTIVE DATE July 1, 2002
PROCEDURE	FEDERAL/ILLINOIS W-4 CARD	REVISION NUMBER 03-001

CONTENTS

Side one of the combined Federal/Illinois W-4 must be completed as follows:

- 1 Type or Print Full Name: Enter last name, first name and middle name or initial. This should be as the name appears on the employee's social security card.
- 2 Social Security Number: Enter the employee's social security number as it appears on the employee's social security card.
- 3 Date of Birth: Enter employee's date of birth.
- 4 Voting County: Enter the name of the county where employee is registered to vote.
- 5 Voting Address: Enter the voting address of the employee.

Mailing Address: Enter employee's mailing address and zip code if different from voting address. If it is the same as the voting address, enter "same" in this space. This is the address to which the employee's W-2 statement will be mailed.
- 6 Marital Status: Check appropriate box to indicate marital status for federal withholding purposes.

Federal Withholding Exemption:

- 7 Enter total number of exemptions you are claiming. (Leave blank if claiming exempt.)
- 8 Enter additional dollar amount of Federal tax to be withheld, if any, per pay period. This dollar amount will be in addition to the amount calculated by using the marital status and exemptions from the tax tables. Employees cannot base their total withholding amount on a fixed dollar amount or percentage. (Leave blank if claiming exempt.)
- 9 Before employees can claim exempt, they must satisfy the conditions set forth on the form. If these conditions are met, write "Exempt" on the line provided.
- 10 Signature and Date: Employee must sign and date the form.

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SECTION	PAYROLL	PROCEDURE - PAGE NO. 23.20.05 3 of 4
SUB-SECTION	INPUT DOCUMENT PROCEDURES	EFFECTIVE DATE July 1, 2002
PROCEDURE	FEDERAL/ILLINOIS W-4 CARD	REVISION NUMBER 03-001

Side Two of the Federal/Illinois W-4 must be completed as follows:

Date and Pay Code: Enter the effective pay period the W-4 represents and the employee's pay code.

Name Change, Address Change and/or Exemption Change: If the W-4 represents a change, check appropriate box.

Former Name: If name change, former name is entered here.

Social Security Number: Enter employee's social security number.

Full Name, Street Address, City, State, Zipcode: Enter employee's name and mailing address.

1. Illinois Withholding Exemption: Enter the number of state exemptions the employee is claiming.
2. Additional Illinois Allowances: Enter the number of additional allowances claiming (65 or older/legally blind).
3. Additional Amount: Enter any additional money the employee wants withheld over and above the amount calculated by using only the exemptions claimed. This cannot be a percentage; it must be a dollar amount.

Signature: Employee must sign on this line.

Date: Enter the date the form was completed.

DISPOSITION OF UNACCEPTABLE FEDERAL/ILLINOIS W-4

Any unauthorized change or addition to Form W-4 makes it invalid. This includes taking out any language by which the employee certifies that the form is correct. A Form W-4 is also invalid if, by the date an employee gives it to you, he or she indicates in any way that it is false.

When you get an invalid Form W-4, do not use it to figure withholding. Tell the employee it is invalid and ask for another one. If the employee does not give you a valid one, withhold taxes as if the employee was single and claiming no withholding allowances. However, if you have an earlier Form W-4 that is valid, withhold as you did before.

**STATE OF ILLINOIS
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SECTION	PAYROLL	PROCEDURE - PAGE NO. 23.20.05 4 of 4
SUB-SECTION	INPUT DOCUMENT PROCEDURES	EFFECTIVE DATE July 1, 2002
PROCEDURE	FEDERAL/ILLINOIS W-4 CARD	REVISION NUMBER 03-001

EXEMPTION FROM INCOME TAX WITHHOLDING FOR ELIGIBLE PERSONS

An employee may claim exemption from income tax withholding because he or she had no income tax liability last year and expects none this year. However, the wages may still be subject to social security and Medicare taxes. An employee may claim exemption from Illinois income tax only if he can claim exemption from Federal income tax.

A Form W-4 claiming exemption from withholding expires on December 31. An employee must file a Form W-4 each year by February 15 to claim exemption from withholding. Agencies should begin withholding from each employee who previously claimed exemption from withholding but has not submitted a new Form W-4 for the current year by February 15. Withhold tax as if the employee is single with zero withholding allowances.

An employee cannot claim exemption from withholding if (1) his or her income exceeds \$600 and includes unearned income (e.g., interest and dividends), and (2) another person can claim the employee as a dependent on their tax return.

Note: Student status does not automatically exempt the employee from income tax withholding.

WITHHOLDING ON NONRESIDENT ALIENS

Because of restrictions on the number of personal allowances that a nonresident alien may claim, special instructions for completing Form W-4 must be given to nonresident aliens. These instructions can be found in [IRS Publication 519, U.S. Tax Guide for Aliens](#). Generally, these instructions provide that nonresident aliens should (1) not claim exemption from income tax withholding; (2) request withholding as if they are single, regardless of their actual marital status; (3) indicate additional withholding of \$4 per week on line 6; and (4) claim only one allowance. However, if the nonresident alien is a resident of Canada, Mexico, Japan, or Korea, or is a U.S. National, he or she may claim one allowance for each dependent.

EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

PLEASE TYPE

1. Type Full Name _____
Last First Middle

2. Social Security _____

3. Date of Birth _____

4. Voting County _____

5. Voting Address _____
 Mailing Address If Other Than Above _____
 Foreign State/Province _____
 Foreign Postal Code _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Country Code _____

6. Marital status: Single Married Married, but withhold at single rate
NOTE: If married, but legally separated, or spouse is a nonresident alien, check the Single block.

7. Total number of allowances you are claiming 7. _____

8. Additional amount, if any, you want deducted from each pay 8. \$ _____

9. I claim exemption from withholding and I certify that I meet **ALL** of the following conditions for exemption:
 • Last year I had a right to a refund of **ALL** Federal income tax withheld because I had **NO** tax liability; **AND**
 • This year I expect a refund of **ALL** Federal income tax withheld because I expect to have **NO** tax liability;
 If you meet all of the above conditions, enter the year effective and "EXEMPT" here > 9. _____

10. Under the penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.

Employee's signature > _____ Date > _____

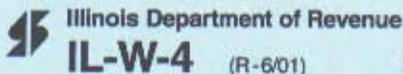
11. Employer's name and address
 State of Illinois, Comptroller, Withholding Agent, Springfield, IL 62706

DATE	PAY CODE

Changes:

Name Address Allowance(s)

Former Name _____



Employee's Illinois Withholding Allowance Certificate

Social Security Number	This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center. IL-692-0039
Full Name _____	
Street Address _____	
City, State, ZIP Code _____	
<p>Employer: Keep this certificate with your records. If you have referred the employee's federal certificate to IRS and IRS has notified you to disregard it, you may also be required to disregard this certificate. Furthermore, even if you are not required to refer the employee's federal certificate to IRS, you may still be required to refer this certificate to the Illinois Department of Revenue for inspection. See Illinois Income Tax Regulations 86 Ill. Adm. Code 100.7200.</p>	

1. Write the total number of basic allowances that you are claiming 1 _____

2. Write the total number of additional allowances that you are claiming (65 or older/legally blind) 2 _____

3. Write the additional amount you want withheld (deducted) from each pay 3 _____

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

X _____
 Signature

_____ Date



Payroll Address File

This document describes the magnetic tape file format to be used by State Agencies transmitting payroll address information directly to the Comptroller.

I. FILE CHARACTERISTICS

The Payroll Address Tape File is a 9-track, 1600 or 6250 bpi, or an 18-track (cartridge), 38000 bpi, odd parity, American Standard labeled magnetic media. The file should contain no tape marks. All records are 360 bytes in length with a blocking factor 20. Numeric fields are unpacked. Whenever possible, submit an 18-track cartridge. The Payroll Address File consists of address information for an employee.

II. FILE ORDER

The file is in order of employee’s social security number.

III. ADDRESS FIELD CONVENTIONS/EXAMPLES

The following standards will be used for providing **both** mailing and voting address information. Address information should come from the employee’s W-4 card.

PUNCTUATION SHOULD NOT BE USED IN ADDRESS FIELDS.

EXAMPLE 1	
LOCATION ADDRESS	11TH FLOOR
DELIVERY ADDRESS	5160 YONGE ST
CITY	TORONTO
STATE	
ZIPCODE	
ZIPCODE EXTENSION	
FOREIGN STATE/ PROVINCE	ONTARIO
FOREIGN POSTAL CODE	M2N 6L9
COUNTRY CODE	CA

EXAMPLE 2	
LOCATION ADDRESS	
DELIVERY ADDRESS	123 N PARK AVE
CITY	NEW YORK
STATE	NY
ZIPCODE	10017
ZIPCODE EXTENSION	5518
FOREIGN STATE/ PROVINCE	
FOREIGN POSTAL CODE	
COUNTRY CODE	

IV. APPENDICES

A. Valid County Code Values

ADDRESS RECORD

<u>DATA ELEMENT</u>	BYTES		<u>LENGTH</u>	<u>PICTURE</u>	<u>COMMENTS</u>
	<u>FROM</u>	<u>THRU</u>			
Social Security Number	1	9	9	9(9)	Unique ID Number assigned by the Social Security Administration
Date of Birth	10	17	8	9(8)	Date of birth of payee (MMDDCCYY)
Paycode	18	22	5	9(5)	Unique identifier for payrolls assigned by Comptroller upon request
Filler	23	42	20	X(20)	Value Spaces
Last Name	43	62	20	X(20)	Payee's last name
First Name	63	77	15	X(15)	Payee's first name
Middle Name	78	92	15	X(15)	Payee's middle name
Suffix	93	96	4	X(4)	Payee's suffix

The following information comes from the employees W4 card. PUNCTUATION SHOULD NOT BE USED IN THE FOLLOWING FIELDS

Voting Location Address	97	118	22	X(22)	See III page 1
Voting Delivery Address	119	140	22	X(22)	See III page 1
Voting City	140	162	22	X(22)	See III page 1
Voting State	163	164	2	XX	See III page 1
Voting Zipcode	165	169	5	9(5)	See III page 1
Voting Zipcode Extension	170	173	4	9(4)	See III page 1
Voting County Code	174	176	3	9(3)	See Appendix A
Mailing Location Address	177	198	22	X(22)	See III page 1
Mailing Delivery Address	199	220	22	X(22)	See III page 1
Mailing City	221	242	22	X(22)	See III page 1
Mailing State	243	244	2	XX	See III page 1
Mailing Zipcode	245	249	5	9(5)	See III page 1
Mailing Zipcode Extension	250	253	4	9(4)	See III page 1
Foreign State/Province	254	276	23	X(23)	See III page 1
Foreign Postal Code	277	291	15	X(15)	See III page 1
Country Code	292	293	2	X(2)	See III page 1

ADDRESS RECORD

<u>DATA ELEMENT</u>	BYTES		<u>LENGTH</u>	<u>PICTURE</u>	<u>COMMENTS</u>
	<u>FROM</u>	<u>THRU</u>			
Filler	294	360	67	X(67)	Value Spaces; <u>Comptroller</u> <u>authorization required</u> <u>prior to usage</u>



STATE OF ILLINOIS
COMPTROLLER
JUDY BAAR TOPINKA

County Code Valid Format

COUNTY	CODE	COUNTY	CODE
Adams	001	Alexander	003
Bond	005	Boone	007
Brown	009	Bureau	011
Calhoun	013	Carroll	015
Cass	017	Champaign	019
Christian	021	Clark	023
Clay	025	Clinton	027
Coles	029	Cook	031
Crawford	033	Cumberland	035
DeKalb	037	DeWitt	039
Douglas	041	Du Page	043
Edgar	045	Edwards	047
Effingham	049	Fayette	051
Ford	053	Franklin	055
Fulton	057	Gallatin	059
Greene	061	Grundy	063
Hamilton	065	Hancock	067
Hardin	069	Henderson	071
Henry	073	Iroquois	075
Jackson	077	Jasper	079
Jefferson	081	Jersey	083
Jo Daviess	085	Johnson	087
Kane	089	Kankakee	091
Kendall	093	Knox	095
Lake	097	La Salle	099
Lawrence	101	Lee	103
Livingston	105	Logan	107
Mc Donough	109	Mc Henry	111
McLean	113	Macon	115
Macoupin	117	Madison	119
Marion	121	Marshall	123
Mason	125	Massac	127
Menard	129	Mercer	131

County Code Valid Format

COUNTY	CODE	COUNTY	CODE
Monroe	133	Montgomery	135
Morgan	137	Moultrie	139
Ogle	141	Peoria	143
Perry	145	Piatt	147
Pike	149	Pope	151
Pulaskie	153	Putnam	155
Randolph	157	Richland	159
Rock Island	161	St Clair	163
Saline	165	Sangamon	167
Schuyler	169	Scott	171
Shelby	173	Stark	175
Stephenson	177	Tazewell	179
Union	181	Vermilion	183
Wabash	185	Warren	187
Washington	189	Wayne	191
White	193	Whiteside	195
Will	197	Williamson	199
Winnebago	201	Woodford	203
Out of State	300	Out of Country	400

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	PAYROLL	PROCEDURE - PAGE NO. 23.20.10 1 of 1
SUB-SECTION	EMPLOYEE'S STATEMENT OF NONRESIDENCE	EFFECTIVE DATE July 1, 2002
PROCEDURE	IN ILLINOIS (FORM IL-W-5NR)	REVISION NUMBER 03-001

PURPOSE

The State of Illinois has entered into reciprocal agreements with Iowa, Kentucky, Michigan, and Wisconsin to exempt from taxation and withholding the compensation paid to a resident of one of these states who is working in Illinois. To be entitled to the exemptions, residents of a reciprocal state must file a copy of Form IL-W-5NR, Employee's Statement of Nonresidence in Illinois, with the employing agency. If an employee moves out of the named state of residence after filing Form IL-W-5NR, the employee must notify the employing agency within 10 days and file a new Form IL-W-5NR, if applicable. See Exhibit 23.20.10-A.

DISTRIBUTION

Agencies must have a copy of this form on file. The Comptroller's Office does not require a copy. For Iowa residents, a copy must be sent to the Iowa Department of Revenue.

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	PAYROLL	PROCEDURE - PAGE NO. 23.20.15 1 of 1
SUB-SECTION	INPUT DOCUMENT PROCEDURES	EFFECTIVE DATE January 1, 2013
PROCEDURE	FEDERAL W-5 FORM	REVISION NUMBER 13-002

FEDERAL FORM W-5 (Exhibit 23.20.15-A)

PURPOSE

Employees may use Form W-5 to receive advance payments of Earned Income Credit (EIC) if they have met the eligibility requirements included with the EIC Advance Payment Certificate (Exhibit 23.20.15-A). The Internal Revenue Service has limited the Advance portion of the Earned Income Credit. See Department of the Treasury's Publication 15.

TIMING REQUIREMENTS

Complete this certificate as soon as the employee can determine that he is qualified. The certificate must be refiled each calendar year and maintained by the employing agency.

DISTRIBUTION

One copy of Form W-5 should be completed by the employee and retained by the agency.

CONTENTS

Each Form W-5 must be completed as follows:

- (1) Name: Enter the last name, first name and middle name or initial.
- (2) Social Security Number: Enter the number taken from the employee's social security card.
- (3) Question 1, 2, and 3: Must be answered. If question 1 is answered "no", the employee will not be eligible for the advanced payment.
- (4) Signature: The employee must sign the form.
- (5) Date: Enter the date the card is signed.
- (6) Earned Income Checklist: The employee must answer all questions to determine if they are eligible to receive the advanced EIC payments. (on side 2 of Exhibit 23.20.15-A)

2010 Form W-5



Department of the Treasury
Internal Revenue Service

Instructions

Purpose of Form

Use Form W-5 if you are eligible to get part of the earned income credit (EIC) in advance with your pay and choose to do so. See *Who Is Eligible To Get Advance EIC Payments?* below. The amount you can get in advance generally depends on your wages. If you are married, the amount of your advance EIC payments also depends on whether your spouse has filed a Form W-5 with his or her employer. However, your employer cannot give you more than \$1,830 throughout 2010 with your pay. You will get the rest of any EIC you are entitled to when you file your 2010 tax return and claim the EIC.

If you do not choose to get advance payments, you can still claim the EIC on your 2010 tax return.

What Is the EIC?

The EIC is a credit for certain workers. It reduces the tax you owe. It may give you a refund even if you do not owe any tax.

Who Is Eligible To Get Advance EIC Payments?

You are eligible to get advance EIC payments if **all four** of the following apply.

1. You (and your spouse, if filing a joint return) have a valid social security number (SSN) issued by the Social Security Administration. For more information on valid SSNs, see Pub. 596, Earned Income Credit (EIC).

2. You expect to have at least one qualifying child and to be able to claim the credit using that child. If you do not expect to have a qualifying child, you may still be eligible for the EIC, but you cannot receive advance EIC payments. See *Who Is a Qualifying Child?* beginning on this page.

3. You expect that your 2010 earned income and adjusted gross income (AGI) will each be less than \$35,535 (\$40,545 if you expect to file a joint return for 2010). Include your spouse's income if you plan to file a joint return. As used on this form, earned income does not include amounts inmates in penal institutions are paid for their work or amounts received as a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental

section 457 plan. Generally, earned income also does not include nontaxable earned income, but you can elect to include nontaxable combat pay in earned income.

4. You expect to be able to claim the EIC for 2010. To find out if you may be able to claim the EIC, answer the questions on page 2.

How To Get Advance EIC Payments

If you are eligible to get advance EIC payments, fill in the 2010 Form W-5 at the bottom of this page. Then, detach it and give it to your employer. If you get advance payments, you must file a 2010 Form 1040 or 1040A income tax return.

You may have only one Form W-5 in effect at one time. If you and your spouse are both employed, you should file separate Forms W-5.

This Form W-5 expires on December 31, 2010. If you are eligible to get advance EIC payments for 2011, you must file a new Form W-5 next year.



You may be able to get a larger credit when you file your 2010 return. For details, see Additional Credit on page 3.

Who Is a Qualifying Child?

A qualifying child is any child who meets all four of the following conditions.

1. The child is your son, daughter, stepchild, foster child, brother, sister, half brother, half sister, stepbrother, stepsister, or a descendant of any of them (for example, your grandchild, niece, or nephew). An adopted child is always treated as your own child. An adopted child includes a child lawfully placed with you for legal adoption. A foster child is any child placed with you by an authorized placement agency or by judgment, decree, or other order of any court of competent jurisdiction.

2. The child is under age 19 at the end of 2010 and younger than you (or your spouse, if filing jointly); or under age 24 at the end of 2010, a student, and younger than you (or your spouse, if filing jointly); or any age and permanently and totally disabled. A student is a child who during any 5 months of 2010 (a) was enrolled as a full-time student at a school or (b) took a full-time, on-farm training course given by a school or a state, county, or local government

(continued on page 3)

Give the bottom part to your employer; keep the top part for your records.

Detach here

Form **W-5**

Earned Income Credit Advance Payment Certificate

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

- ▶ Use the current year's certificate only.
- ▶ Give this certificate to your employer.
- ▶ This certificate expires on December 31, 2010.

2010

Print or type your full name

Your social security number

Note. If you get advance payments of the earned income credit for 2010, you **must** file a 2010 federal income tax return. To get advance payments, you **must** have a qualifying child and your filing status must be any status **except** married filing a separate return.

- 1 I expect to have a qualifying child and be able to claim the earned income credit for 2010 using that child. I do not have another Form W-5 in effect with any other current employer, and I choose to get advance EIC payments Yes No
- 2 Check the box that shows your expected filing status for 2010:
 Single, head of household, or qualifying widow(er) Married filing jointly
- 3 If you are married, does your spouse have a Form W-5 in effect for 2010 with any employer? Yes No

Under penalties of perjury, I declare that the information I have furnished above is, to the best of my knowledge, true, correct, and complete.

Signature ▶

Date ▶

Questions To See if You May Be Able To Claim the EIC for 2010

 You **cannot** claim the EIC if you file either Form 2555 or Form 2555-EZ (relating to foreign earned income) for 2010. You also **cannot** claim the EIC if you are a nonresident alien for any part of 2010 unless you are married to a U.S. citizen or resident, file a joint return, and elect to be taxed as a resident alien for all of 2010.

- 1** Do you expect to have a qualifying child? Read *Who Is a Qualifying Child?* that starts on page 1 before you answer this question. If the child is married, be sure you also read *Married child* on page 3.

- No.**  You may be able to claim the EIC but you **cannot** get advance EIC payments.
- Yes.** *Continue.*

 If the child meets the conditions to be a qualifying child of both you and another person, see *Qualifying child of more than one person* on page 3.

- 2** Do you expect your 2010 filing status to be married filing a separate return?

- Yes.**  You **cannot** claim the EIC.
- No.** *Continue.*

 If you expect to file a joint return for 2010, include your spouse's income when answering questions 3 and 4.

- 3** Do you expect that your 2010 earned income and AGI will each be less than: \$35,535 (\$40,545 if married filing jointly) if you expect to have one qualifying child; \$40,363 (\$45,373 if married filing jointly) if you expect to have two qualifying children; or \$43,352 (\$48,362 if married filing jointly) if you expect to have three or more qualifying children?

- No.**  You **cannot** claim the EIC.
- Yes.** *Continue.* But remember, you **cannot** get advance EIC payments if you expect your 2010 earned income or AGI will be \$35,535 or more (\$40,545 or more if married filing jointly).

- 4** Do you expect that your 2010 investment income will be more than \$3,100? For most people, investment income is the total of their taxable interest, ordinary dividends, capital gain distributions, and tax-exempt interest. However, if you plan to file a 2010 Form 1040, see the 2009 Form 1040 instructions to figure your investment income.

- Yes.**  You **cannot** claim the EIC.
- No.** *Continue.*

- 5** Do you expect that you, or your spouse if filing a joint return, will be a qualifying child of another person for 2010?

- Yes.** You **cannot** claim the EIC.
- No.** You may be able to claim the EIC.
-

agency. A school includes a technical, trade, or mechanical school. It does not include an on-the-job training course, correspondence school, or Internet school.

3. The child lives with you in the United States for over half of 2010. But you do not have to meet this condition if (a) the child was born or died during the year and your home was this child's home for the entire time he or she was alive in 2010, or (b) the child is presumed by law enforcement authorities to have been kidnapped by someone who is not a family member and the child lived with you for over half of the part of the year before he or she was kidnapped. Also, temporary absences, such as for school, vacation, medical care, or detention in a juvenile facility, count as time the child lived with you. Members of the military on extended active duty outside the United States are considered to be living in the United States.

4. The child does not file a joint return for 2010 (or files a joint return for 2010 only as a claim for refund).

Married child. A child who is married at the end of 2010 is a qualifying child only if the child meets the four conditions just listed and:

1. You can claim him or her as your dependent, or
2. You are the custodial parent and would be able to claim the child as your dependent, but the noncustodial parent claims the child as a dependent because:
 - a. You signed Form 8332, Release/Revocation of Release of Claim to Exemption for Child by Custodial Parent, or a similar statement, agreeing not to claim the child for 2010, or
 - b. You have a pre-1985 divorce decree or separation agreement that allows the noncustodial parent to claim the child and he or she gives at least \$600 for the child's support in 2010.

Other rules may apply. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for more information on children of divorced or separated parents.

Qualifying child of more than one person. Even if a child meets the conditions to be a qualifying child of more than one person, only one person can treat that child as a qualifying child for 2010 and take, if otherwise eligible, all of the following tax benefits using that child: the child's dependency exemption, the child tax credit, head of household filing status, the credit for child and dependent care expenses, the exclusion for dependent care benefits, and the EIC. No other person can take any of these six tax benefits unless he or she has a different qualifying child. To determine which person can treat the child as a qualifying child, the following rules apply.

- If only one of the persons is the child's parent, the child is treated as the qualifying child of the parent.
- If the parents do not file a joint return together but both parents claim the child as a qualifying child, the IRS will treat the child as the qualifying child of the parent with whom the child lives for the longer period of time in 2010. If the child lives with each parent for the same amount of time, the IRS will treat the child as the qualifying child of the parent who has the higher AGI for 2010.
- If no parent can claim the child as a qualifying child, the child is treated as the qualifying child of the person who has the highest AGI for 2010.
- If a parent can claim the child as a qualifying child but no parent does so claim the child, the child is treated as the qualifying child of the person who has the highest AGI for 2010, but only if that person's AGI is higher than the AGI of any of the child's parents who can claim the child.

Subject to the rules just described, you and the other person(s) may be able to choose which of you treats the child as a qualifying child. For example, if you, your 3-year-old child, and your mother all live together and your child's other parent does not live with you, you can treat your child as a qualifying child, or you can choose to let your mother do so if her AGI is higher than yours. For details, more examples, and a special rule for divorced or separated parents, see Pub. 596.



Caution. A qualifying child whom you use to claim the EIC must have a valid social security number unless he or she is born and dies in 2010.

What if My Situation Changes?

If your situation changes after you give Form W-5 to your employer, you will probably need to file a new Form W-5. For example, you must file a new Form W-5 if any of the following applies for 2010.

- You no longer expect to have a qualifying child. Check "No" on line 1 of your new Form W-5.
- You no longer expect to be able to claim the EIC for 2010. Check "No" on line 1 of your new Form W-5.
- You no longer want advance payments. Check "No" on line 1 of your new Form W-5.
- Your spouse files Form W-5 with his or her employer. Check "Yes" on line 3 of your new Form W-5.

Note. If you get advance EIC payments and find you are not eligible for the EIC, you must pay back these payments when you file your 2010 federal income tax return.

Additional Information

How To Claim the EIC

If you are eligible, claim the EIC on your 2010 tax return. See your 2010 tax return instruction booklet.

Additional Credit

You may be able to claim a larger credit when you file your 2010 Form 1040 or Form 1040A because your employer cannot give you more than \$1,830 throughout the year with your pay. You may also be able to claim a larger credit if you have more than one qualifying child. But you must file your 2010 tax return to claim any additional credit.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3507 and 6109 and their regulations require you to provide the information requested on Form W-5 and to give it to your employer if you want advance payment of the EIC. As provided by law, we may give the information to the Department of Justice and other federal agencies. In addition, we may give it to cities, states, and the District of Columbia so they may carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. Failure to provide the requested information may prevent your employer from processing this form; providing false information may subject you to penalties.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For the estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	PAYROLL	PROCEDURE - PAGE NO. 23.20.25 1 of 2
SUB-SECTION	INPUT DOCUMENT PROCEDURES	EFFECTIVE DATE January 1, 2013
PROCEDURE	AUTHORIZATION FOR DEPOSIT OF RECURRING PAYMENTS	REVISION NUMBER 13-002

AUTHORIZATION FOR DEPOSIT OF RECURRING PAYMENTS
(EXHIBIT 23.20.25-A)

PURPOSE

The Authorization for Deposit of Recurring Payments (Form C-95A) is used by employees to authorize the electronic deposit of salary payments.

REQUIREMENTS

Employees may have salary payments electronically deposited into their savings or checking account at any bank, savings and loan association, or credit union which is a member of the Automated Clearing House (ACH) network. Public Act 97-0348 requires all employees receive their salary payments Direct Deposit or pay a \$2.50 processing fee unless they are on the IOC Hardship File. Employees authorize electronic direct deposits by completion of the Authorization for Deposit of Recurring Payment Form (C-95 A). The form must be completed by the employee; portions of the form should be verified by the employee's financial institution. The completed form must be submitted to the employing agency before the first direct deposit payment can be requested. Only one account can be designated by the employee for the direct deposit. The entire net pay will be deposited into this account. If the employee wishes to have a portion of the deposit transferred to another account, the employee must make arrangements with the financial institution. It cannot be done through the Payroll System.

Before the first direct deposit is sent for an employee, the Comptroller's Office must send a "prenote". A prenote is a zero dollar transaction that must be sent through the ACH network at least ten calendar days before any money is actually sent to the employee's account. It conveys the same information, with the exception of the dollar amount and transaction code, that will be carried on subsequent dollar entries. It notifies the employee's financial institution that the customer will be receiving deposits into the specified account and serves to identify any errors with the account type, account number, or financial institution routing number.

The prenote is sent the first time an employee is coded direct deposit on the payroll voucher. Payment will be made by paper warrant. If the Comptroller's Office is not notified of errors following the prenote process, the next payment to the employee will be by direct deposit. If an error occurs, the agency will be notified to take corrective action.

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	PAYROLL	PROCEDURE - PAGE NO. 23.20.25 2 of 2
SUB-SECTION	INPUT DOCUMENT PROCEDURES	EFFECTIVE DATE January 1, 2013
PROCEDURE	AUTHORIZATIONS FOR DEPOSIT OF RECURRING PAYMENT FORM	REVISION NUMBER 13-002

If an employee who had been receiving payment by direct deposit is not on the payroll for more than 365 days, a new prenote is required. If the unpaid leave is less than 366 days, a new prenote is not required.

The Payroll System cannot make a direct deposit if the employee's earnings are subject to offset. The payment will be made by paper warrant.

RETENTION OF FORM C-95A

The agency must retain the form C-95A for two years after the employee terminates.

Authorization for Deposit of Recurring Payments



STATE OF ILLINOIS
COMPTROLLER
JUDY BAAR TOPINKA

To apply for direct deposit of State of Illinois payroll payments, complete this form, sign and return it to your agency's Payroll Department along with a **voided check**.

Social Security Number (Taxpayer Identification Number)

(Please type or print in ink)

Payee Name

Name of Program Agency

Payee Mailing Address (Apt/P.O.Box) City State Zip Code

I, _____, certify the information provided on this form is correct. I authorize and request the program agency to direct my recurring payments for crediting in my account at the financial institution designated below and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account. If a direct deposit cannot be made, I understand that the program agency shall provide payment to me by paper warrant. This authorization is not an assignment of my right to receive payment and revokes all prior payment direction notifications applicable to these payments. I understand that the financial institution designated reserves the right to cancel this agreement by notice to me.

Signature of Payee Date Work Area Code and Telephone Number

-----Financial Institution Information-----

NOTE: It is recommended that you contact your financial institution to verify your correct transit routing and account numbers. Any errors in these numbers will cause direct deposits to be returned and replaced with paper warrants through the program agency.

Name of Financial Institution (_____)_____-_____
Financial Institution Area Code and Telephone Number

Branch Address, City, State, Zip Code

Financial Institution Routing Number Payee Account Number

- You must select **one** of the following options:
- Direct deposit to my **CHECKING** account.
 - Direct deposit to my **SAVINGS** account.

Official Use Only

Agency Number Verification of Routing Number Verification of Payee Account Number

STATE OF ILLINOIS

IMPORTANT NOTICE: This form is to be used only for State of Illinois Recurring Payments.

If you wish your payments sent to your financial institution for deposit into your savings or checking account, you must complete this form to authorize this action. Some agencies may require your financial institution to verify routing and account information. The State Comptroller will forward your recurring payments to the destination you authorize. The financial institution may be any bank, savings bank, savings and loan association or similar institution, or Federal- or state-chartered credit union that is a member of the Automated Clearing House Access Program. If you do not have an account at such a facility, you must contact a qualifying financial institution and establish an account prior to enrolling for direct deposit.

INSTRUCTIONS

Please type or print in ink all information requested.

1. Type or print the payee's **Social Security Number**. Do not include dashes.
2. Type or print the name of the person to whom the payment is made. This is the **Payee Name** except where a representative payee has been appointed or a guardian or conservator has been appointed by a Court.
3. Type or print the **Name of Program Agency**.
4. **Type/Print Payee Name** in the space provided, sign where indicated (**Signature of Payee**) and print **Date**.
5. Type or print the **Work Area Code and Telephone Number** of the payee or a number where the payee can be reached during the day.
6. Type or print the **Name of Financial Institution** in which the payee's account resides.
7. Type or print the **Financial Institution Area Code and Telephone Number**.
8. Type or print the financial institution **Branch Address, City, State, Zip Code** where the payee's account resides.
9. Type or print the 9-digit **Financial Institution Routing Number** that appears at the bottom of the payee's printed checks. (The program agency may require the payee to have this information verified by the financial institution prior to submitting the authorization form.)
10. Type or print the **Payee Account Number** that also appears at the bottom of the payee's printed checks. The number of digits varies among institutions.
11. **You must select one** account type to receive recurring payments (**Checking or Savings**). Payee must indicate which one of his accounts (Savings or Checking) should receive the recurring direct deposits.
12. **Attach a voided check** before submitting this completed form to your agency's payroll clerk. Do not substitute a deposit slip for the voided check. Financial institutions may alter numbers that appear on deposit slips for internal purposes.

CANCELLATION INSTRUCTIONS

When entered in the payee's record with the program agency, this authorization will remain in effect until canceled by notice to the program agency by the payee or in the event of death of the payee or the beneficiary of this payment. The financial institution should also be notified if the payee cancels this agreement. The financial institution may cancel their agreement by providing the payee with a written notice 30 days in advance of the cancellation date. The payee must advise the program agency immediately if this authorization is cancelled. The financial institution cannot cancel this authorization by advice to the program agency.

Privacy Act Notice

You previously provided your Taxpayer Identification Number (TIN), i.e. your social security number or your employer identification number, to the State of Illinois upon becoming a State of Illinois payee. Section 6109 of the Internal Revenue Code requires you to give your correct TIN to persons, such as the State of Illinois Office of the Comptroller, who must file documents with the Internal Revenue Service to report income paid to you, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA. The Illinois Office of the Comptroller, as administrator of the direct deposit program, requests verification of your TIN on the Authorization for Deposit of Recurring Payments. Your TIN verification enables proper payee identification and corresponding direction of payments as specified on your completed Authorization for Deposit of Recurring Payments. While not mandatory, failure to provide your TIN on the Authorization precludes your participation in the direct deposit program.

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	PAYROLL	PROCEDURE - PAGE NO. 23.20.30 1 of 1
SUB-SECTION	INPUT DOCUMENT PROCEDURES	EFFECTIVE DATE July 1, 2002
PROCEDURE	DEDUCTION AUTHORIZATION AND REVOCATION FORMS	REVISION NUMBER 03-001

DEDUCTION AUTHORIZATION AND REVOCATION FORMS

PAYROLL DEDUCTION AUTHORIZATION FORMS

An employee wishing to authorize payroll deduction for insurance, money owed another State agency, Union dues, Credit Union, Association dues, Contribution to a facility of Higher Education, Insurance or certain State parking must complete a Payroll Deduction Authorization form supplied by the employing agency or the vendor.

Timing Requirements

Payroll Deduction Authorization forms must be on file in the agency's office. These forms need not be filed with the Comptroller's Office.

CHARITY DEDUCTION AUTHORIZATION FORM

An employee wishing to authorize a payroll deduction for an approved charity must complete the appropriate deduction authorization form which may be provided by the employing agency or charity.

Timing Requirements

Charity Deduction Authorization forms must be on file in the agency's office. These forms need not be filed with the Comptroller's Office.

DEDUCTION AUTHORIZATION REVOCATION

An employee who desires to partially or totally discontinue a payroll deduction must notify the employing agency in writing or on a revocation form provided by the agency or vendor.

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	PAYROLL	PROCEDURE - PAGE NO. 23.20.40 1 of 2
SUB-SECTION	INPUT DOCUMENT PROCEDURES	EFFECTIVE DATE July 1, 2014
PROCEDURE	PAYROLL VOUCHER	REVISION NUMBER 15-001

PAYROLL VOUCHER (Exhibit 23.20.50, Appendix F)

PURPOSE

This document provides the Comptroller with the legal authorization to issue salary warrants, and therefore is required each pay period. Each voucher itemizes the gross pay, Federal tax, State tax, FICA, Medicare and net pay of each employee on the payroll voucher. Warrants cannot be issued for amounts different than the amounts reflected on the voucher (unless adjusted under the authority of Section 10.05 of the Comptroller Act). Effective April 16, 2014, employees are no longer prohibited from receiving Direct Deposit payments when they have an Involuntary Withholding. See Payroll Bulletin 5-14.

TIMING REQUIREMENT

Payroll vouchers and tapes must be submitted by 9 a.m. four working days prior to the scheduled pay date. This schedule insures that warrants will be available for distribution to the agency two days prior to the scheduled pay date.

DISTRIBUTION

There should be three (3) copies of the payroll voucher for the following distribution:

1. Comptroller copy.
2. Department copy.
3. Department of Central Management Services copy, which is required only for employees covered by the Personnel Code.

Payroll vouchers being prepared by agencies containing employees covered by the Personnel Code must submit two copies of the payroll voucher to the Department of Central Management Services. Contact the Department of Central Management Services for further requirements.

INPUT ERROR CORRECTION

Corrections to payroll vouchers and magnetic tapes must be made by the agency.

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	PAYROLL	PROCEDURE - PAGE NO. 23.20.40 2 of 2
SUB-SECTION	INPUT DOCUMENT PROCEDURES	EFFECTIVE DATE July 1, 2002
PROCEDURE	PAYROLL VOUCHER	REVISION NUMBER 03-001

CONTENTS

Following is a description of each field on the payroll voucher (Exhibit 23.20.50, Appendix F):

1. Payroll Title: Complete Name of the Payroll Agency submitting the voucher for payment.
2. Name: Last Name, First Name, Middle Name/or Initial and Suffix of employee.
3. Position Classification (POS CLS): This five-digit code identifies the employee's job title. This office currently assigns position classification numbers for all employees exempt from the personnel code. The Department of Central Management Services assigns the position classification numbers to employees under their jurisdiction.
4. Social Security (Soc. Sec.): This is the social security number of the employee.
5. Gross: This is the sum of base plus overtime plus lump sum plus additional gross.
6. Federal Tax (Fed Tax): Enter the amount of tax computed based upon Federal Tax Charts (plus any additional amount authorized).
7. FICA: Enter the amount of the OASDI portion of the FICA tax.
8. Medicare: Enter the HI (Medicare) portion of the FICA Tax.
9. State Tax (St. Tax): Enter the amount of tax computed based upon the State Withholding requirement.
10. Net: This figure must be the gross amount minus all deductions plus advance EIC.
11. Pay code: This is the five-digit number assigned to the agency.
12. Voucher: This is the voucher number assigned to the voucher by the agency – MUST BE UNIQUE by fiscal year.
13. Pay Period: This is the MMDDYYYY for the first day of the Pay Period and the MMDDYYYY for the last day of the Pay Period.

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SECTION	PAYROLL	PROCEDURE - PAGE NO. 23.20.45 1 of 2
SUB-SECTION	INPUT DOCUMENT PROCEDURES	EFFECTIVE DATE July 1, 2002
PROCEDURE	PAYROLL VOUCHER DISTRIBUTION SCHEDULE	REVISION NUMBER 03-001

PAYROLL VOUCHER DISTRIBUTION SCHEDULE (Exhibit 23.20.50 Appendix F)

PURPOSE

The voucher distribution schedule serves as a transmittal document for the payroll voucher, and contains a summary of the accounting distribution of the individual employee records contained in the voucher. This includes charges to personal services, Retirement, Retirement Pickup, Insurance Reimbursement and the employer's contribution to FICA and Medicare whenever applicable.

TIMING REQUIREMENTS

A voucher distribution schedule must accompany each payroll voucher.

DISTRIBUTION

Three (3) copies of the Distribution Schedule should be printed for the following distribution:

1. Comptroller - Attach to the Comptroller's copy of the payroll voucher.
2. CMS – If required by Central Management Services.
3. Agency - To be retained by the agency.

CONTENTS

The data elements on the Payroll Voucher Distribution Schedule are as follows:

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SECTION	PAYROLL	PROCEDURE - PAGE NO. 23.20.45 2 of 2
SUB-SECTION	INPUT DOCUMENT PROCEDURES	EFFECTIVE DATE July 1, 2002
PROCEDURE	PAYROLL VOUCHER DISTRIBUTION SCHEDULE	REVISION NUMBER 03-001

REFERENCE

CONTENTS

1	Department	Enter the name of the department, agency, board, or commission.
2	For Period Of	Enter the pay period.
3	Payroll Number Fund Dept. Code	Enter as follows: Fund -- Enter the three-digit fund code. Department -- Enter the two-digit agency code. Code -- Enter the three-digit payroll identifier code assigned by the Comptroller.
4	Division and Title Appropriation	Enter the division within the agency (administrative, operations, etc.) and the title of the appropriation (personal services, electronic data processing, etc.).
5	Voucher Number	Enter the voucher number exactly as it appears on the payroll voucher to which the schedule is attached.
6	Fund	Enter the three-digit fund code from which the payroll is being paid (001-General Revenue, 011-Road Fund, etc.).
7	Account Code and Object	Enter the organization account code and detail expenditure object as described in the statewide accounting system appropriation coding structure.
8	Amount	Enter the amount of expenditure to be charged to each appropriation account.

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SECTION	PAYROLL	PROCEDURE - PAGE NO. 23.20.50 1 of 1
SUB-SECTION	INPUT DOCUMENT PROCEDURES	EFFECTIVE DATE July 1, 2011
PROCEDURE	PAYROLL VOUCHER INPUT TAPE	REVISION NUMBER 12-001

PAYROLL VOUCHER INPUT TAPE/FTP

PURPOSE

The Voucher Input tape/FTP facilitates processing of payroll vouchers in the Comptroller's Office by providing a copy of the voucher that serves as input directly into the automated payroll system. This minimizes transcription errors, provides for later cutoff dates at the agency and less clerical effort for the Comptroller's Office.

TIMING REQUIREMENTS

A balanced tape/FTP must be submitted with each payroll voucher to the Comptroller's Office. However, agencies whose payrolls must be approved by the Department of Central Management Services should send the magnetic tape/FTP directly to the Comptroller's Office, State Accounting Payroll Section.

DISTRIBUTION

Voucher input tapes must be submitted directly to the Comptroller's Office, Attn: State Accounting Payroll Section.

INPUT ERROR CORRECTION

The magnetic tape/FTP must reflect the itemized data shown on the voucher including trailer records. Accumulation of detail tape records for all monetary fields must equal and crossfoot to all columnary totals shown on the payroll voucher. Any out-of-balance situation will require a corrected voucher and tape/FTP. Warrants will not be written until an out-of-balance situation is rectified by the submitting State agency.

Illinois State tax and Federal taxes will be verified based on the data provided. It is the agency's obligation as the employer to insure that the minimum tax is withheld as determined from the information shown on the employees' W-4 cards.



STATE OF ILLINOIS
COMPTROLLER
JUDY BAAR TOPINKA

Payroll Voucher File

This document describes the file format to be used by State agencies transmitting payroll voucher information directly to the Comptroller. The agency return file uses same record formats.

I. FILE CHARACTERISTICS

The Payroll Voucher File records are 1170 bytes in length. Numeric fields are unpacked. Whenever possible, FTP or submit an 18-track standard label cartridge with a blocking factor of 10. The Payroll Voucher File consists of two types of records. These are:

A. *Detail Record*

Payment information for employees on the payroll.

B. *Trailer Records*

Accumulated deduction amounts for each specific deduction on the payroll.

II. FILE ORDER

The file order is paycode, voucher number, then account code.

III. NAME FIELD CONVENTIONS/EXAMPLES

The following standards will be used for providing name information. Letters (A-Z), numbers (0-9), spaces (), hyphens (-), periods (.), and apostrophes (') are allowed in name fields. Do not use any other character or symbol.

EXAMPLE 1	
FIRST NAME	GARY
MIDDLE NAME	ALLEN
LAST NAME	PERKINS
SUFFIX	JR

EXAMPLE 2	
FIRST NAME	SHAUN
MIDDLE NAME	
LAST NAME	ONEILL-SMITH
SUFFIX	III

IV. ADDRESS FIELD CONVENTIONS/EXAMPLES

The following standards will be used for providing address information. Agency Return tape address information is obtained from the W-4 information on file in the IOC Payroll system.

EXAMPLE 1	
LOCATION ADDRESS	11TH FLOOR
DELIVERY ADDRESS	5160 YONGE ST
CITY	TORONTO
STATE	
ZIPCODE	
ZIPCODE EXTENSION	
FOREIGN STATE/ PROVINCE	ONTARIO
FOREIGN POSTAL CODE	M2N 6L9
COUNTRY CODE	CA

EXAMPLE 2	
LOCATION ADDRESS	
DELIVERY ADDRESS	123 N PARK AVE
CITY	NEW YORK
STATE	NY
ZIPCODE	10017
ZIPCODE EXTENSION	5518
FOREIGN STATE/ PROVINCE	
FOREIGN POSTAL CODE	
COUNTRY CODE	

V. FURTHER INFORMATION

A. **SAMS Manual**

Refer to SAMS Manual Section 23.20.40 (Payroll Input Document Procedures: Payroll Voucher) for specific details on payroll voucher field requirements.

The SAMS Manual can be downloaded online at the Illinois Office of the Comptroller's web site (<http://www.ioc.state.il.us>); use the *Resource Library* and *Access Fiscal Reports* links. Adobe Acrobat© is required to view the files.

B. **CMS Administered Programs**

Need correct CMS division/group/unit that provides or that can direct where to get such information.

C. *Payroll Deduction Code Information*

Contact your Payroll Officer.

VI. APPENDICES

A. Valid *State Code Values*

B. Valid *Retirement Pickup Code and Retirement Code Values*

C. Valid *Eligibility Code Values*

D. Valid *Trailer Name 2 Format*

E. Valid *Trailer Name 3 Format*

F. Hardcopy Payroll Voucher Example

G. Valid Employee Status Codes

H. Trailer Record Codes

DETAIL RECORD

<u>DATA ELEMENT</u>	<u>BYTES</u>		<u>LENGTH</u>	<u>PICTURE</u>	<u>COMMENTS</u>
	<u>FROM</u>	<u>THRU</u>			
Record Type	1	2	2	XX	Value Spaces
Filler	3	7	5	X(5)	Value Spaces
Paycode	8	12	5	9(5)	Unique identifier for payrolls assigned by Comptroller upon request
Account Code					Appropriation account code number from which expenditure is to be made
Filler	13	13	1	X	Value Spaces; <u>Comptroller authorization required prior to usage</u>
Fund	14	16	3	9(3)	Fund number
Agency	17	19	3	9(3)	Agency number
Organization	20	21	2	99	Organization number
Filler	22	23	2	XX	Value Spaces; <u>Comptroller authorization required prior to usage</u>
Object Code	24	27	4	9(4)	Major object code
Sequence	28	29	2	99	Sequence number
Account Type	30	31	2	99	Appropriation account type
Filler	32	32	1	X	Value Spaces; <u>Comptroller authorization required prior to usage</u>
Detail Object	33	36	4	9(4)	Detail object code
Fiscal Year	37	38	2	99	Fiscal year to charge expenditure
Social Security Number	39	47	9	9(9)	Unique ID number assigned by the Social Security Administration
Payee Name First	48	62	15	X(15)	Payee's first name (See section III page 2)
Payee Name Middle	63	77	15	X(15)	Payee's middle name (See section III page 2)
Payee Name Last	78	97	20	X(20)	Payee's last name (See section III page 2)
Payee Name Suffix	98	101	4	X(4)	Payee's suffix (See III page 2)
Sex	102	102	1	X	Sex of payee

DETAIL RECORD

<u>DATA ELEMENT</u>	<u>BYTES</u>		<u>LENGTH</u>	<u>PICTURE</u>	<u>COMMENTS</u>
	<u>FROM</u>	<u>THRU</u>			
					<u>Valid Values</u> 'M'=Male 'F'=Female
Date of Birth	103	110	8	9(8)	Date of birth of payee (MMDDCCYY)
Employee Status Code	111	111	1	X	Code indicating a change in the status of the employee (See Appendix G)
Employee Status Date	112	119	8	9(8)	Date of change in employee status (MMDDCCYY)
Position Class	120	124	5	X(5)	Code denoting position or job title
Basis Time Work	125	125	1	X	Code indicating the type of time worked and the rate to calculate the salary on
Time Work	126	129	4	X(4)	Number of units of time payment is to be made for
Rate	130	136	7	9(5)V99	Amount of money to be paid for each unit of time
Base	137	143	7	9(5)V99	Amount to be paid for pay period covered, excluding overtime and lump sum vacation
Over Time	144	150	7	S9(5)V99	Amount of money above base pay due to employee for work performed in addition to normal working hours
Lump Sum Vacation	151	158	8	S9(6)V99	Paid when employee terminates and has vacation pay due
Gross	159	166	8	9(6)V99	Total amount earned before deductions
Additional Gross Code	167	167	1	X	Value Spaces; <u>Comptroller authorization required prior to usage</u>

DETAIL RECORD

<u>DATA ELEMENT</u>	<u>BYTES</u>		<u>LENGTH</u>	<u>PICTURE</u>	<u>COMMENTS</u>
	<u>FROM</u>	<u>THRU</u>			
Additional Gross Amount	168	174	7	S9(5)V99	Value Zeroes; Other compensation subject to withholding that is included <u>in the Gross</u> ; <u>Comptroller authorization required prior to usage</u>
Filler	175	184	10	X(10)	Value Spaces
Marital Status	185	185	1	9	Indicates if employee is using married tables or single tables for Federal tax withholding <u>Valid Values</u> '1'=Single tables '2'=Married tables
Federal Exemptions	186	187	2	XX	Allowable exclusions used in computing the amount of Federal tax withheld <u>Valid Values</u> '00' through '99' 'E'=Exempt (either byte)
Federal Tax	188	195	8	S9(6)V99	Amount withheld from gross towards federal income tax to be owed
State Code	196	197	2	99	State code; See Appendix A
State Exempt	198	199	2	XX	Allowable exclusions used in computing the amount of state tax withheld <u>Valid Values</u> '00' through '99' 'E'=Exempt (either byte)
State Exempt Line 2	200	201	2	XX	Allowable exclusions for blind and/or over 65 years of age <u>Valid Values</u> '01' through '99' '00' = not eligible Spaces = not eligible
State Tax	202	208	7	S9(5)V99	Amount withheld from gross for state income tax

DETAIL RECORD

<u>DATA ELEMENT</u>	<u>BYTES</u>		<u>LENGTH</u>	<u>PICTURE</u>	<u>COMMENTS</u>
	<u>FROM</u>	<u>THRU</u>			
FICA Code	209	209	1	X	Code to indicate if FICA is to be withheld <u>Valid Values</u> 'A'=Both OASDI & HI 'B'=Not subject to FICA 'C'=HI tax only 'F'=OASDI paid; paying HI
FICA Amount	210	215	6	S9(4)V99	Amount to be withheld for OASDI
Medicare	216	221	6	S9(4)V99	Amount to be withheld for Medicare
Earned Income Credit Code	222	222	1	X	Number of W-5 certificates in effect
Earned Income Credit Amount	223	227	5	S9(3)V99	Amount of advance earned income credit
Filler	228	240	13	X(13)	Value Spaces; <u>Comptroller authorization required prior to usage</u>
Union Status Code	241	241	1	X	<u>Valid Values</u> 1 – Union Deduct / Member 2 – Union Deduct / Non-Union Member 3 – Union Deduct / More than one union Space – No Union Deduction
Group Insurance Attributable Income	242	247	6	S9(4)V99	Cost of Group Term Insurance over \$50,000, incurred by employee subject to Federal and State taxes, Retirement and FICA
Other Compensation Subject to Withholding	248	254	7	S9(5)V99	Compensation received subject to Federal and State taxes, Retirement and FICA withholding
Other Compensation	255	261	7	S9(5)V99	Notation only amount indicating employee is receiving other compensation

DETAIL RECORD

<u>DATA ELEMENT</u>	<u>BYTES</u>		<u>LENGTH</u>	<u>PICTURE</u>	<u>COMMENTS</u>
	<u>FROM</u>	<u>THRU</u>			
CMS Transit	262	266	5	S9(3)V99	or wages in addition to payments made through the Comptroller's office (Reportable as income on W-2; not subject to withholding) Pretax deduction for commuter highway vehicle transit pass (public or privately operated)
CMS Parking	267	271	5	S9(3)V99	Pretax deduction for parking administered by CMS
Flexible Spending DCAP	272	278	7	S9(5)V99	Pre-tax deduction for the Dependent Care Assistance Program
Flexible Spending MCAP	279	285	7	S9(5)V99	Pre-tax deduction for the Medical Care Assistance Program
Deferred Compensation	286	292	7	S9(5)V99	Pre-tax deduction for the Deferred Compensation Program
Long Term Care Insurance Carrier Code	293	294	2	XX	Value Spaces; <u>Comptroller authorization required prior to usage</u>
Long Term Care Insurance Amount	295	301	7	S9(5)V99	Value Zeroes; <u>Comptroller authorization required prior to usage</u>
Filler	302	313	12	X(12)	Value Spaces
YTD FICA Gross	314	321	8	S9(6)V99	Value Zeroes; Return tape will contain YTD FICA Gross for the year
YTD Medicare Gross	322	329	8	S9(6)V99	Value Zeroes; Return tape will contain YTD Medicare Gross for the year
Retirement Tier 2 Voucher	330	337	8	S9(6)V99	Value zeroes; Return tape will contain the voucher gross for Tier 2 Retirement

DETAIL RECORD

<u>DATA ELEMENT</u>	<u>BYTES</u>		<u>LENGTH</u>	<u>PICTURE</u>	<u>COMMENTS</u>
	<u>FROM</u>	<u>THRU</u>			
Gross					
Non Taxable Income	338	345	8	S9(6)V99	Portion of gross income not subject to state and federal withholding
Non Taxable Benefits	346	352	7	S9(5)V99	Portion of State Life, State Health, and State Dental deductions treated as tax exempt
Retirement Pickup Code	353	354	2	99	Code used to determine amount of retirement picked up by employer; See Appendix B
Retirement Pickup Amount	355	361	7	S9(5)V99	Amount of retirement picked up by the employer
Retirement Code	362	362	1	X	Code indicating Retirement System to be credited; See Appendix B
Retirement Amount	363	369	7	S9(5)V99	Amount deducted from gross to be forwarded to a Retirement fund
Maintenance	370	374	5	S9(3)V99	Enter the amount deducted from an employee's pay for maintenance; Maintenance will include meals, housing, etc...
SOS Parking	375	379	5	S9(3)V99	Amount deducted from gross pay for assigned SOS facility parking
Filler	380	385	6	X(6)	Value Spaces
Levy	386	392	7	9(5)V99	Amount deducted from gross pay for assignment of a tax levy, bankruptcy, wage assessment, child support, child support fees, and voluntary payment of state-owed monies

DETAIL RECORD

<u>DATA ELEMENT</u>	<u>BYTES</u>		<u>LENGTH</u>	<u>PICTURE</u>	<u>COMMENTS</u>
	<u>FROM</u>	<u>THRU</u>			
Garnishment Code	393	395	3	X(3)	Code identifying which garnishment trailer coincides with amount deducted (agency assigned) <u>Valid Values</u> '001' through '099' Spaces = no garnishment
Garnishment Amount	396	402	7	9(5)V99	Amount withheld from gross pay because of a court order of garnishment
Filler	403	413	11	X(11)	Value Spaces
Eligibility Code	414	414	1	X	Eligibility code; See Appendix C
Units Life Insurance	415	418	4	9(4)	Number of basic units of life insurance paid for by the state
Work Rate Percentage	419	420	2	99	Percentage of time worked for part time employee who qualifies and elects to participate in the State Group Insurance Program
Insurance Pay Period	421	421	1	X	The number of full pay periods for which the state and employee are to be charged for pro rated life and health insurance
Insurance Reimbursement	422	428	7	S9(5)V99	The amount an agency owes for insurance if employees are not paid from the general revenue fund or the road fund
State Life Carrier Code	429	430	2	XX	Refer to CMS document <i>Life Insurance Rate Tables</i>
State Life Plan Code	431	432	2	XX	Refer to CMS document <i>Life Insurance Rate Tables</i>
State Life Amount	433	439	7	S9(5)V99	Amount deducted from gross pay for employee's portion of State Life insurance premium; Refer to CMS document <i>Life Insurance Rate Tables</i>

DETAIL RECORD

<u>DATA ELEMENT</u>	<u>BYTES</u>		<u>LENGTH</u>	<u>PICTURE</u>	<u>COMMENTS</u>
	<u>FROM</u>	<u>THRU</u>			
State Health Carrier Code	440	441	2	XX	Refer to CMS document <i>Health Insurance Rate Tables</i>
State Health Plan Code	442	443	2	XX	Refer to CMS document <i>Health Insurance Rate Tables</i>
State Health Amount	444	450	7	S9(5)V99	Amount deducted from gross pay for employee's portion of the State Health Insurance premium; Refer to CMS document <i>Health Insurance Rate Tables</i>
Dental Carrier Code	451	452	2	XX	Refer to CMS document <i>Dental Insurance Rate Tables</i>
Dental Plan Code	453	454	2	XX	Refer to CMS document <i>Dental Insurance Rate Tables</i>
Dental Amount	455	461	7	S9(5)V99	Amount deducted from gross pay for employee's State dental insurance; Refer to CMS document <i>Dental Insurance Rate Tables</i>
Miscellaneous Deduction Codes (1-20)					Refer to <i>Payroll Deduction Code Book</i>
Misc. Ded. 1 Type Code	462	462	1	X	Code used to identify the type of deduction being made
Misc. Ded. 1 Company Code	463	465	3	X(3)	Code used to identify the company/organization for whom the deduction is being made
Misc. Ded. 1 Amount	466	472	7	S9(5)V99	Amount being withheld from the gross for the associated code
Misc. Ded. 2 Type Code	473	473	1	X	Code used to identify the type of deduction being made
Misc. Ded. 2 Company Code	474	476	3	X(3)	Code used to identify the company/organization for whom the deduction is being made
Misc. Ded. 2	477	483	7	S9(5)V99	Amount being withheld from

DETAIL RECORD

<u>DATA ELEMENT</u>	<u>BYTES</u>		<u>LENGTH</u>	<u>PICTURE</u>	<u>COMMENTS</u>
	<u>FROM</u>	<u>THRU</u>			
Amount					the gross for the associated code
Misc. Ded. 3 Type Code	484	484	1	X	Code used to identify the type of deduction being made
Misc. Ded. 3 Company Code	485	487	3	X(3)	Code used to identify the company/organization for whom the deduction is being made
Misc. Ded. 3 Amount	488	494	7	S9(5)V99	Amount being withheld from the gross for the associated code
Misc. Ded. 4 Type Code	495	495	1	X	Code used to identify the type of deduction being made
Misc. Ded. 4 Company Code	496	498	3	X(3)	Code used to identify the company/organization for whom the deduction is being made
Misc. Ded. 4 Amount	499	505	7	S9(5)V99	Amount being withheld from the gross for the associated code
Misc. Ded. 5 Type Code	506	506	1	X	Code used to identify the type of deduction being made
Misc. Ded. 5 Company Code	507	509	3	X(3)	Code used to identify the company/organization for whom the deduction is being made
Misc. Ded. 5 Amount	510	516	7	S9(5)V99	Amount being withheld from the gross for the associated code
Misc. Ded. 6 Type Code	517	517	1	X	Code used to identify the type of deduction being made
Misc. Ded. 6 Company Code	518	520	3	X(3)	Code used to identify the company/organization for whom the deduction is being made
Misc. Ded. 6 Amount	521	527	7	S9(5)V99	Amount being withheld from the gross for the associated code

DETAIL RECORD

<u>DATA</u> <u>ELEMENT</u>	<u>BYTES</u>		<u>LENGTH</u>	<u>PICTURE</u>	<u>COMMENTS</u>
	<u>FROM</u>	<u>THRU</u>			
Misc. Ded. 7 Type Code	528	528	1	X	Code used to identify the type of deduction being made
Misc. Ded. 7 Company Code	529	531	3	X(3)	Code used to identify the company/organization for whom the deduction is being made
Misc. Ded. 7 Amount	532	538	7	S9(5)V99	Amount being withheld from the gross for the associated code
Misc. Ded. 8 Type Code	539	539	1	X	Code used to identify the type of deduction being made
Misc. Ded. 8 Company Code	540	542	3	X(3)	Code used to identify the company/organization for whom the deduction is being made
Misc. Ded. 8 Amount	543	549	7	S9(5)V99	Amount being withheld from the gross for the associated code
Misc. Ded. 9 Type Code	550	550	1	X	Code used to identify the type of deduction being made
Misc. Ded. 9 Company Code	551	553	3	X(3)	Code used to identify the company/organization for whom the deduction is being made
Misc. Ded. 9 Amount	554	560	7	S9(5)V99	Amount being withheld from the gross for the associated code
Misc. Ded. 10 Type Code	561	561	1	X	Code used to identify the type of deduction being made
Misc. Ded. 10 Company Code	562	564	3	X(3)	Code used to identify the company/organization for whom the deduction is being made
Misc. Ded. 10 Amount	565	571	7	S9(5)V99	Amount being withheld from the gross for the associated code
Misc. Ded. 11 Type Code	572	572	1	X	Code used to identify the type of deduction being made

DETAIL RECORD

<u>DATA ELEMENT</u>	<u>BYTES</u>		<u>LENGTH</u>	<u>PICTURE</u>	<u>COMMENTS</u>
	<u>FROM</u>	<u>THRU</u>			
Misc. Ded. 11 Company Code	573	575	3	X(3)	Code used to identify the company/organization for whom the deduction is being made
Misc. Ded. 11 Amount	576	582	7	S9(5)V99	Amount being withheld from the gross for the associated code
Misc. Ded. 12 Type Code	583	583	1	X	Code used to identify the type of deduction being made
Misc. Ded. 12 Company Code	584	586	3	X(3)	Code used to identify the company/organization for whom the deduction is being made
Misc. Ded. 12 Amount	587	593	7	S9(5)V99	Amount being withheld from the gross for the associated code
Misc. Ded. 13 Type Code	594	594	1	X	Code used to identify the type of deduction being made
Misc. Ded. 13 Company Code	595	597	3	X(3)	Code used to identify the company/organization for whom the deduction is being made
Misc. Ded. 13 Amount	598	604	7	S9(5)V99	Amount being withheld from the gross for the associated code
Misc. Ded. 14 Type Code	605	605	1	X	Code used to identify the type of deduction being made
Misc. Ded. 14 Company Code	606	608	3	X(3)	Code used to identify the company/organization for whom the deduction is being made
Misc. Ded. 14 Amount	609	615	7	S9(5)V99	Amount being withheld from the gross for the associated code
Misc. Ded. 15 Type Code	616	616	1	X	Code used to identify the type of deduction being made
Misc. Ded. 15 Company	617	619	3	X(3)	Code used to identify the company/organization for

DETAIL RECORD

<u>DATA ELEMENT</u>	<u>BYTES</u>		<u>LENGTH</u>	<u>PICTURE</u>	<u>COMMENTS</u>
	<u>FROM</u>	<u>THRU</u>			
Code					whom the deduction is being made
Misc. Ded. 15 Amount	620	626	7	S9(5)V99	Amount being withheld from the gross for the associated code
Misc. Ded. 16 Type Code	627	627	1	X	Code used to identify the type of deduction being made
Misc. Ded. 16 Company Code	628	630	3	X(3)	Code used to identify the company/organization for whom the deduction is being made
Misc. Ded. 16 Amount	631	637	7	S9(5)V99	Amount being withheld from the gross for the associated code
Misc. Ded. 17 Type Code	638	638	1	X	Code used to identify the type of deduction being made
Misc. Ded. 17 Company Code	639	641	3	X(3)	Code used to identify the company/organization for whom the deduction is being made
Misc. Ded. 17 Amount	642	648	7	S9(5)V99	Amount being withheld from the gross for the associated code
Misc. Ded. 18 Type Code	649	649	1	X	Code used to identify the type of deduction being made
Misc. Ded. 18 Company Code	650	652	3	X(3)	Code used to identify the company/organization for whom the deduction is being made
Misc. Ded. 18 Amount	653	659	7	S9(5)V99	Amount being withheld from the gross for the associated code
Misc. Ded. 19 Type Code	660	660	1	X	Code used to identify the type of deduction being made
Misc. Ded. 19 Company Code	661	663	3	X(3)	Code used to identify the company/organization for whom the deduction is being made

DETAIL RECORD

<u>DATA ELEMENT</u>	<u>BYTES</u>		<u>LENGTH</u>	<u>PICTURE</u>	<u>COMMENTS</u>
	<u>FROM</u>	<u>THRU</u>			
Misc. Ded. 19 Amount	664	670	7	S9(5)V99	Amount being withheld from the gross for the associated code
Misc. Ded. 20 Type Code	671	671	1	X	Code used to identify the type of deduction being made
Misc. Ded. 20 Company Code	672	674	3	X(3)	Code used to identify the company/organization for whom the deduction is being made
Misc. Ded. 20 Amount	675	681	7	S9(5)V99	Amount being withheld from the gross for the associated code
Filler	682	695	14	X(14)	Value Spaces
Warrant Fee Indicator	696	696	1	X	Value Spaces; Return tape will contain fee indicator, if applicable
Direct Deposit Transaction Code	697	698	2	99	Identification code for various types of direct deposit transactions <u>Valid Values</u> '00'=hardcopy '22'=checking '32'=savings
Direct Deposit Institution Code	699	706	8	9(8)	Receiving institution transit routing number for payees via direct deposit
Direct Deposit Account Code	707	723	17	X(17)	The account number at the receiving financial institution for payee via direct deposit
Filler	724	728	5	X(5)	Value Spaces; <u>Comptroller authorization required prior to usage</u>
Location Address	729	750	22	X(22)	Value Spaces; Return tape will contain employee's W-4 location address, if applicable (See Ill page 2)

DETAIL RECORD

<u>DATA ELEMENT</u>	<u>BYTES</u>		<u>LENGTH</u>	<u>PICTURE</u>	<u>COMMENTS</u>
	<u>FROM</u>	<u>THRU</u>			
Delivery Address	751	772	22	X(22)	Value Spaces; Return tape will contain employee's W-4 delivery address (See III page 2)
City	773	794	22	X(22)	Value Spaces; Return tape will contain employee's W-4 city (See III page 2)
State	795	796	2	XX	Value Spaces; Return tape will contain employee's W-4 state; will be blank for foreign address (See III page 2)
Zipcode	797	801	5	X(5)	Value Spaces; Return tape will contain employee's W-4 zip code; will be blank for foreign address (See III page 2)
Zipcode Extension	802	805	4	X(4)	Value Spaces; Return tape will contain employee's W-4 four-digit extension of the zip code, if applicable (See III page 2)
Foreign State/Province	806	828	23	X(23)	Value Spaces; Return tape will contain employee's W-4 foreign state/province, if applicable (See III page 2)
Foreign Postal Code	829	843	15	X(15)	Value Spaces; Return tape will contain employee's W-4 foreign postal code, if applicable (See III page 2)
Country Code	844	845	2	X(2)	Value Spaces; Return tape will contain employee's W-4 country code, if applicable (See III page 2)
Filler	846	853	8	X(8)	Value Spaces; <u>Comptroller authorization required prior to usage</u>
Voucher Number	854	861	8	X(8)	Identification number assigned to a voucher by the requesting agency

DETAIL RECORD

<u>DATA ELEMENT</u>	<u>BYTES</u>		<u>LENGTH</u>	<u>PICTURE</u>	<u>COMMENTS</u>
	<u>FROM</u>	<u>THRU</u>			
Filler	862	869	8	X(8)	NOTE: Voucher numbers must be unique by agency by fiscal year Value Spaces; <u>Comptroller authorization required prior to usage</u>
Input Code	870	870	1	X	Value Spaces; Return tape will contain 'T'
Pay Period Beginning Date	871	878	8	X(8)	Value Spaces; Return tape will contain the date of the first day of the period of time covered for the payment to be made (MMDDCCYY)
Pay Period End Date	879	886	8	X(8)	Value Spaces; Return tape will contain the date of the last day of the period of time covered for the payment to be made (MMDDCCYY)
Pay Period	887	888	2	XX	Value Spaces; Return tape will contain a two digit code indicating which pay period of the year the payment is for
Type Help	889	889	1	X	Value Spaces; Return tape will contain a code indicating the type of Salary being processed
Frequency of Pay	890	890	1	X	Value Spaces; Return tape will contain a code indicating if payroll is monthly, semi-monthly, or bi-weekly.
Distribution Code	891	894	4	X(4)	Assigned by the agency to determine to sorting of pay warrants; warrants will be written alphabetically within distribution code within voucher; the code will be printed on the face of the warrant
IB Unit Code	895	898	4	X(4)	Value Spaces; <u>Comptroller</u>

DETAIL RECORD

<u>DATA ELEMENT</u>	<u>BYTES</u>		<u>LENGTH</u>	<u>PICTURE</u>	<u>COMMENTS</u>
	<u>FROM</u>	<u>THRU</u>			
GAAP Code	899	902	4	X(4)	<u>authorization required prior to usage</u> Value Spaces; <u>Comptroller authorization required prior to usage</u>
Message 1	903	962	60	X(60)	Literal information provided by an agency to be printed on the stub of an employees warrant/earnings statement
Message 2	963	1022	60	X(60)	Literal information provided by an agency to be printed on the stub of an employees warrant/earnings statement; there should be a grammatical break between Message 1 and Message 2 (will print on separate lines)
Net Amount	1023	1030	8	9(6)V99	Amount of the warrant/payment
Warrant Number	1031	1039	9	X(9)	Value Spaces; Return tape will contain a warrant number
Direct Deposit Trace Number	1040	1046	7	X(7)	Value Spaces; Return tape will contain a trace number NOTE: Combination of <i>Warrant Number</i> and <i>Trace No.</i> will be unique
Issue Date	1047	1054	8	X(8)	Value Spaces; Return tape will contain the date the warrant was issued (MMDDCCYY)
Salary Reversal Code	1055	1057	3	X(3)	Code identifying which reversal trailer coincides with amount deducted <u>Valid Values</u> '001' through '150' Spaces = no salary reversal
Salary Reversal Amount	1058	1065	8	S9(6)V99	Total amount of deductions being reversed from voucher

DETAIL RECORD

<u>DATA ELEMENT</u>	<u>BYTES</u>		<u>LENGTH</u>	<u>PICTURE</u>	<u>COMMENTS</u>
	<u>FROM</u>	<u>THRU</u>			
Salary Reversal Original Gross	1066	1073	8	S9(6)V99	For total reversal, use original gross amount; for partial, indicate amount of the gross being reversed
Salary Reversal Orig. Date	1074	1081	8	9(8)	Pay period end date of original payment that is being reversed (MMDDCCYY)
Salary Reversal Original Warrant	1082	1090	9	X(9)	Warrant number from the original payment which is now having the deductions reversed
Direct Deposit Original Trace Number	1091	1097	7	9(7)	Trace number from the original payment which is now having the deductions reversed
Filler	1098	1098	1	X	Value Spaces
Retirement Tier 2 Switch	1099	1099	1	X	When max is reached will be set to "Y"
YTD Retirement Tier 2 Gross	1100	1107	8	S9(6)V99	Value Zeroes; Return tape will contain Tier 2 Retirement Gross for the year
YTD Gross	1108	1115	8	S9(6)V99	Value Zeroes; Return tape will contain gross paid for the year
YTD Federal Tax	1116	1123	8	S9(6)V99	Value Zeroes; Return tape will contain YTD amount for Federal Tax
YTD FICA	1124	1129	6	S9(4)V99	Value Zeroes; Return tape will contain YTD amount for FICA
YTD Medicare	1130	1135	6	S9(4)V99	Value Zeroes; Return tape will contain YTD amount for Medicare
YTD State Tax	1136	1142	7	S9(5)V99	Value Zeroes; Return tape will contain YTD amount for State Tax
YTD Non Taxable	1143	1149	7	S9(5)V99	Value Zeroes; Return tape will contain YTD amount for Non

DETAIL RECORD

<u>DATA ELEMENT</u>	<u>BYTES</u>		<u>LENGTH</u>	<u>PICTURE</u>	<u>COMMENTS</u>
	<u>FROM</u>	<u>THRU</u>			
Income					Taxable Income, Benefits, and Pre-tax Deductions
YTD Other Compensation	1150	1156	7	S9(5)V99	Value Zeroes; Return tape will contain YTD amount for Other Compensation, Group Insurance Attributable Income, and Other Compensation Subject to Withholding
YTD Earned Income Credit	1157	1162	6	S9(4)V99	Value Zeroes; Return tape will contain YTD amount of Earned Income Credit
Filler	1163	1170	8	X(8)	Value Spaces; <u>Comptroller authorization required prior to usage</u>

TRAILER RECORD

<u>DATA ELEMENT</u>	<u>BYTES</u>		<u>LENGTH</u>	<u>PICTURE</u>	<u>COMMENTS</u>
	<u>FROM</u>	<u>THRU</u>			
Record Type	1	1	1	X	Value hyphen ('-')
Filler	2	2	1	X	Value Spaces
Trailer Code					Unique identifier for trailers assigned by Comptroller upon request
Comptroller's Code	3	4	2	99	Comptroller's Code (See Appendix H)
Actual Code	5	7	3	3(X)	Actual Code (See Appendix H)
Paycode	8	12	5	9(5)	Unique identifier for payrolls assigned by Comptroller upon request
Account Code					Appropriation account code number from which expenditure is to be made
Filler	13	13	1	X	Value Spaces; <u>Comptroller authorization required prior to usage</u>
Fund	14	16	3	9(3)	Fund number
Agency	17	19	3	9(3)	Agency number
Organization	20	21	2	99	Organization number
Filler	22	23	2	XX	Value Spaces; <u>Comptroller authorization required prior to usage</u>
Object Code	24	27	4	9(4)	Major object code
Sequence	28	29	2	99	Sequence number
Account Type	30	31	2	99	Appropriation account type
Filler	32	32	1	X	Value Spaces; <u>Comptroller authorization required prior to usage</u>
Detail Object	33	36	4	9(4)	Detail object code
Fiscal Year	37	38	2	99	Fiscal year to charge expenditure
Social Security Number	39	47	9	9(9)	Value Zeroes or use SSN of employee (if required) due to levies,

TRAILER RECORD

<u>DATA ELEMENT</u>	<u>BYTES</u>		<u>LENGTH</u>	<u>PICTURE</u>	<u>COMMENTS</u>
	<u>FROM</u>	<u>THRU</u>			
Trailer Name 1	48	85	38	X(38)	garnishments, and/or reversals Name of company/ organization
Trailer Name 2	86	123	38	X(38)	Line 2 of the Trailer Name; See Appendix D
Trailer Name 3	124	161	38	X(38)	Line 3 of the Trailer Name; See Appendix E
Filler	162	392	231	X(231)	Value Spaces
Garnishment Order Number	393	402	10	X(10)	Value Spaces or court assigned summons number (if garnishment present).
Filler	403	853	451	X(451)	Value Spaces; <u>Comptroller authorization required prior to usage</u>
Voucher Number	854	861	8	X(8)	Identification number assigned to a voucher by the requesting agency
Filler	862	869	8	X(8)	Value Spaces
Input Code	870	870	1	X	Value Spaces; Return Tape will contain 'T'
Pay Period Begin Date	871	878	8	X(8)	Value Spaces; Return tape will contain the date of the first day of the period of time covered for the payment to be made (MMDDCCYY)
Pay Period End Date	879	886	8	X(8)	Value Spaces; Return tape will contain the date of the last day of the period of time covered for the payment to be made (MMDDCCYY)
Pay Period	887	888	2	XX	Value Spaces; Return tape will contain a two digit code indicating which pay period of the year the payment is for

TRAILER RECORD

<u>DATA ELEMENT</u>	<u>BYTES</u>		<u>LENGTH</u>	<u>PICTURE</u>	<u>COMMENTS</u>
	<u>FROM</u>	<u>THRU</u>			
Type Help	889	889	1	X	Value Spaces; Return tape will contain a code indicating the type of Salary being processed
Frequency of Pay	890	890	1	X	Value Spaces; Return tape will contain a code indicating if payroll is monthly, semi-monthly, or bi-weekly
Distribution Code	891	894	4	X(4)	Value Spaces; Return tape contains Comptroller assigned distribution code
Filler	895	1020	126	X(126)	Value Spaces; <u>Comptroller authorization required prior to usage</u>
Trailer Net	1021	1030	10	9(8)V99	Amount of warrant/payment
Warrant Number	1031	1039	9	X(9)	Value Spaces; Return tape will contain a warrant number
Deposit Trace Number	1040	1046	7	X(7)	Value Spaces; Return tape will contain a trace number <u>NOTE:</u> Combination of <i>Warrant Number</i> and <i>Trace No.</i> will be unique
Issue Date	1047	1054	8	X(8)	Value Spaces; Return tape will contain the date the warrant was issued (MMDDCCYY)
Filler	1055	1170	116	X(116)	Value Spaces; <u>Comptroller authorization required prior to usage</u>



STATE OF ILLINOIS
COMPTROLLER
JUDY BAAR TOPINKA

STATE CODE Valid Values

CODE	STATE
01	Illinois
04	Kentucky
05	Michigan
06	Wisconsin
07	Iowa

NOTE: To determine if a state is a reciprocal and/or withholding state or for other valid state codes, contact the Illinois Office of the Comptroller Payroll Unit.



STATE OF ILLINOIS
COMPTROLLER
JUDY BAAR TOPINKA

RETIREMENT PICKUP CODE
Valid Values

CODE	PERCENT/DESCRIPTION
00	None [0%]
01	4%
02	5.5%
03	8%
04	4.5%
05	3.52%
06	1.0%
07	9.4%
08	2.0%
09	2.75%
10	9.17%
11	4.12%
12	2.50%
13	1.50%

RETIREMENT CODE
Valid Values

CODE	PERCENT/DESCRIPTION
0	8%
1	4%
2	12.5%
4	INELIGIBLE
6	GENERAL ASSEMBLY
7	TEACHERS
8	JUDGES
9	UNIVERSITY
M	8.5%
R	12.5%
S	8.5%
W	NON-PERMANENT RETIREE OR LUMP SUM PAYMENT

**TIER 2
RETIREMENT CODE
Valid Values**

CODE	PERCENT/DESCRIPTION
A	8%
B	4%
C	12.5%
4	INELIGIBLE
G	GENERAL ASSEMBLY 11.5%
H	GENERAL ASSEMBLY 9.5%
T	TEACHERS
J	JUDGES 11.0%
L	JUDGES 8.5%
V	UNIVERSITY
K	12.5%
D	8.5%
W	NON-PERMANENT RETIREE/LUMP SUM PAYMENT

For further information, contact the SERS Accounting Division



STATE OF ILLINOIS
 COMPTROLLER
 JUDY BAAR TOPINKA

ELIGIBILITY CODE Valid Values

CODE	DESCRIPTION
A	Active Employment
C	No Insurance
D	Immediate Annuity
E	Deferred Annuity
F	Retiree
G	Survivor
H	Survivor of Deferred Annuity
I	Non-certified Survivor
J	Survivor of Retiree
K	Disabled Recipient
L	Survivor of Employee Immediate/Annuity
M	Active Part Time Employee
P	Part Time – Health/Dental
Q	Survivor Employee/Immediate Annuity
U	Life Part Time
Z	Health/Dental
8	Active Life
@	Part Time – Health/Dental

AS ESTABLISHED BY CMS GROUP INSURANCE DIVISION



STATE OF ILLINOIS
 COMPTROLLER
 JUDY BAAR TOPINKA

TRAILER NAME 2 Valid Format

Trailers with COMPTROLLER'S CODE of 12 or 14

CODE	PIC	COMMENTS
FIPS CODE		
<i>State Code</i>	XX	State Code
<i>County Code</i>	X(3)	County Code
Filler	X	Value Spaces
Case ID	X(20)	Docket Number from Court Order
Filler	X(12)	Value Spaces



STATE OF ILLINOIS
 COMPTROLLER
 JUDY BAAR TOPINKA

TRAILER NAME 3 Valid Format

Trailers with COMPTROLLER'S CODE of 12 or 14

CODE	PIC	COMMENTS
SSN	9(9)	Absent Parent SSN
Filler	X	Value Spaces
Medical Indicator	X	Medical Insurance available <u>Valid Values</u> 'Y'=Yes 'N'=No
Filler	X	Value Spaces
Absent Parent Name	X(10)	First seven letters of the non-custodial parent's last name followed by the first three letters of the non-custodial parent's first name. A <u>comma must be used</u> to separate the last name from the first name <u>when the last name is less than seven characters</u>
Filler	X(16)	Value Spaces

**STATE OF ILLINOIS
PAYROLL VOUCHER DISTRIBUTION
SCHEDULE**

DEPARTMENT		FOR PERIOD OF									
PAYROLL NUMBER FUND DEPT CODE	DIVISION AND TITLE OF APPROPRIATION	VOUCHER NUMBER	FUND	ORG.	APPROPRIATION CODE OBJECT SEQ ACCT	EXP OBJ	AMOUNT				
001 87 001	GENERAL REVENUE FUND	ABC12345	001	87700	1900 00 00	1120	1500.00				
	EMPLOYER CONTRIBUTIONS	ABC12345	001	87700	1900 00 00	1161	500.00				
	SOCIAL SECURITY	ABC12345	001	87700	1900 00 00	1170	100.00				

FOR COMPTROLLER'S USE ONLY

TYPE HELP _____ TYPE PAY _____ PAY PERIOD _____

STATE OF ILLINOIS – PAYROLL VOUCHER

PAYROLL TITLE _____

NAME	POS CLS	SOC SEC	GROSS	FED TAX	FICA	MEDICARE	ST. TAX	NET
LAST, FIRST,MIDDLE,SUFFIX (all that fits)	XXXXXX	999-99-9999	123456.99	123456.00-	1234.99-	123456.99-	12345.99-	123456.78
DOE JOHN	12345	123-45-6789	10.99	2.00	.99	.50	1.00	4.85
MOUSE MICKEY	CHEEZ	190-50-2000	1112.00	35.42	.00	.00	2.33	9023.45
RACHMANINOFF SERGEI VASILJEVIC	23456	222-22-2222	5000.99	500.00	250.75	150.00	250.00	3000.00
TAFT WILLIAM HOWARD	PREST	185-71-9301	27.00	5.00-	5.00-	3.00-	2.00-	35.00
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	999-99-9999	999999.99	999999.99-	9999.99-	999999.99-	99999.99-	999999.99

PAYCODE 99-999

VOUCHER XXXXXXXXX

PAY PERIOD FROM 99/99/9999 TO 99/99/9999

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STATE OF ILLINOIS – PAYROLL VOUCHER

PAYROLL TITLE _____

TRL CODE	TRAILER NAME 1	TRAILER NAME 2	TRAILER NAME 3	TRAILER AMT
12-SDU	STATE DISBURSEMENT UNIT	17001 CASE ID	123456789 Y PARENT,A	100.00
14-SDU	SUPPORT WITHHOLDING FEE	17001 CASE ID	123456789 Y PARENT,A	2.50
30-OC7	GROUP INS PREMIUM FUND			500.00
30-OG6	UNITED OF OMAHA LIFE	INSURANCE COMPANY		100.00
82-082	STATE EMPLOYEES RETIREMENT SYSTEM	SYSTEM		50.00
83-083	STATE EMPLOYEES RETIREMENT SYSTEM	STATE CONTRIBUTION		500.00
89-001	STATE EMPLOYEES RETIREMENT SYSTEM	EMPLOYER PICKED UP RETIREMENT		40.00

PAYCODE 99-999

VOUCHER XXXXXXXXX

PAY PERIOD FROM 99/99/9999 TO 99/99/9999

PAGE 999

STATE OF ILLINOIS – PAYROLL VOUCHER

PAYROLL TITLE

BASE	999999999.99	NON TAXABLE INCOME	9999999.99-	MISC DEDUCTION 1	9999999.99-
OVERTIME	9999999.99-	NON TAXABLE BENEFITS	9999999.99-	MISC DEDUCTION 2	9999999.99-
LUMP SUM	999999999.99-	RETIREMENT PICKUP	9999999.99-	MISC DEDUCTION 3	9999999.99-
ADDITIONAL GROSS	9999999.99-	RETIREMENT	9999999.99-	MISC DEDUCTION 4	9999999.99-
GROSS	9999999.99-	MAINTENANCE	9999999.99-	MISC DEDUCTION 5	9999999.99-
FEDERAL TAX	9999999.99-	SOS PARKING	9999999.99-	MISC DEDUCTION 6	9999999.99-
STATE TAX	9999999.99-	TAX LEVY	9999999.99-	MISC DEDUCTION 7	9999999.99-
FICA	9999999.99-	GARNISHMENT	9999999.99-	MISC DEDUCTION 8	9999999.99-
MEDICARE	9999999.99	INSURANCE REIMBURSE	9999999.99-	MISC DEDUCTION 9	9999999.99-
EIC	9999999.99	STATE LIFE	9999999.99-	MISC DEDUCTION 10	9999999.99-
GROUP INS ATTRIB INC	9999999.99-	STATE HEALTH	9999999.99-	MISC DEDUCTION 11	9999999.99-
OTHER CMP SUBJ WITH	9999999.99-	DENTAL	9999999.99-	MISC DEDUCTION 12	9999999.99-
OTHER COMP	9999999.99-	SALARY REVERSAL AMT	9999999.99-	MISC DEDUCTION 13	9999999.99-
TRANSIT	9999999.99-			MISC DEDUCTION 14	9999999.99-
CMS PARKING	9999999.99-			MISC DEDUCTION 15	9999999.99-
FLEX SPEND DCAP	9999999.99-			MISC DEDUCTION 16	9999999.99-
FLEX SPEND MCAP	9999999.99			MISC DEDUCTION 17	9999999.99-
DEFERRED COMP	9999999.99-			MISC DEDUCTION 18	9999999.99-
NET AMOUNT	9999999.99-			MISC DEDUCTION 19	9999999.99-
				MISC DEDUCTION 20	9999999.99-

PAYCODE 99-999	VOUCHER XXXXXXXXX	PAY PERIOD FROM 99/99/9999	TO 99/99/9999	PAGE 999
	DIRECT DEPOSIT:	EMPLOYEE COUNT 99,999	AMOUNT 9999999.99	

STATE OF ILLINOIS – PAYROLL VOUCHER

PAYROLL TITLE _____

APPROVED FOR PAYMENT

NAME _____

BY _____
HEAD OF UNIT OR AUTHORIZED AGENT

CERTIFICATION

I certify that the employees named, their respective indicated positions and service times, and appropriation to be charged, as shown on the accompanying payroll voucher and corresponding electronic record are true, complete, correct and according to the provisions of law; that such employees are involved in decision making or have direct line responsibility to a person who has decision making authority concerning the objectives, functions, goals and policies of the organizational unit for which the appropriation was made; that the results of the work performed by these employees and that substantially all of their working time is directly related to the objectives, functions, goals, and policies of the organizational unit for which the appropriation is made; that all working time was expended in the service of the State, and that the employees named are entitled to payment in the amounts indicated. If applicable, the reporting requirements of Section 5.1 of the Governor's Office of Management and Budget Act have been met.

(Date)

Agency Head (Signature)

CERTIFICATE OF DIRECTOR OF PERSONNEL

Pursuant of Section 12a of the Personnel Code, I hereby certify that there has been no determination that any person named in this payroll voucher containing _____name(s) has not been appointed, employed or compensated in accordance with the provisions of the Personnel Code and rules, regulations and orders thereunder except those crossed out and those who are exempt as indicated by position class number assigned to such exempt positions.

DIRECTOR OF CENTRAL MANAGEMENT SERVICES

By _____

PAYCODE 99-999

VOUCHER XXXXXXXXX

PAY PERIOD FROM 99/99/9999

TO 99/99/9999

PAGE 999



STATE OF ILLINOIS
COMPTROLLER
JUDY BAAR TOPINKA

EMPLOYEE STATUS CODES

Valid Codes

CODE	DESCRIPTION
1	Termination
2	(Not to be used)
3	Return from Leave of Absence
4	New
5	Transferred Intra-Agency (use of code optional)
6	Reinstated
7	Lay-Off (other than seasonal)
8	Overtime and Other Pay when no Regular Time Worked
9	Reinstated for Pay for Period not Worked
A	Name Changes
B	Suspended (equal to or less than 30 days)
C	Return from Suspension
D	Add and Separate Same Pay Period
E	Retirement
F	Death
G	Suspension
H	Transferred Inter-Agency
L	Lump Sum Payments not Subject to Retirement
M	Medical Leave of Absence
N	Maternity Leave of Absence
P	Educational Leave of Absence
R	Military Leave of Absence (greater than 30 days)
S	Personal Leave of Absence (general, authorized or unauthorized without pay)
T	Seasonal Lay-Off



**STATE OF ILLINOIS
COMPTROLLER
JUDY BAAR TOPINKA**

TRAILER RECORD CODES

PAYEE NAME		COMPTROLLER CODE	ACTUAL CODE
1.	Fund XXX (XXXXX-XXXX-XXXX) % Name of Agency Social Security Number	01	001 thru 150
2.	Reserved for Certain Lottery C-02 Vouchers	02	001
3.	Reserved for Certain Lottery C-02 Vouchers	03	001
4.	Money Owed a State Agency	10	001 thru 200
5.	Child Support	12	SDU, CPT, CP1 thru CP5
6.	Unemployment Compensation	13	001 thru 200
7.	Child Support Processing Fee	14	001 thru 200
8.	Teachers' Retirement System	15	015
9.	Hard Copy Fee	17	001
10.	Union Name	20	001, 002, 003, etc.*
11.	College Savings Program Name	25	001, 002, 003, etc.*
12.	Insurance Name	30	001, 002, 003, etc.*
13.	Deferred Compensation Plan Fund	35	035
14.	Flexible Spending Account – Fund 202	37	037
15.	Savings Bond Fund (Deleted 9-01-10)	40	040
16.	Secretary of State Parking Fees	45	045
17.	CMS Transit	45	035
18.	CMS Parking	45	040
19.	United Way Sangamon	50	050
20.	United Way (Other than Sangamon)	51	501 thru 799*
21.	Charity (Other than United Way)	51	800, 900 thru 999*
22.	Association Dues Name	60	001, 002, 003, etc.*
23.	Credit Union Name	70	001, 002, 003, etc.*
24.	Working Cash Fund – University Name	71	051 thru 075*
25.	University Foundation – University Name	72	076 thru 099*
26.	University Miscellaneous Deductions – University Name	73	001 thru 025*
27.	Tax Sheltered Annuities	74	001, 002, 003, etc.*
28.	401K Plan (Universities Only)	76	001, 002, 003, etc.*
29.	University Retirement System	75	075
30.	Judges' Retirement System	80	080
31.	General Assembly Retirement System	81	081
32.	State Employees' Retirement System Employee Contribution to Retirement	82	082

* Use Comptroller assigned code to identify the specific organization

	PAYEE NAME	COMPTROLLER CODE	ACTUAL CODE
33.	State Employees' Retirement System State Contribution to Retirement	83	083
34.	Teachers' Retirement System State Contribution	84	084
35.	Clerk of the Supreme Court State Contribution	85	085
36.	Social Security Administration Fund State Contribution – FICA/MEDICARE	86	086
37.	Insurance Reimbursement	88	088
38.	Federal Retirement System	87	087
39.	State Employees' Retirement System Employer Pickup of Employee Retirement Contributions	89	001
40.	General Assembly Retirement System Employer Pickup of Employee Retirement Contributions	89	006
41.	Teachers' Retirement System Employer Pickup of Employee Retirement Contributions	89	007
42.	Judges' Retirement System Employer Pickup of Employee Retirement Contributions	89	008
43.	State Universities' Retirement System Employer Pickup of Employee Retirement Contributions	89	009
44.	Social Security Administration Fund Employee Contribution – FICA/MEDICARE	90	090
45.	State of Illinois – Withholding	94	001*
46.	State of Illinois – Withholding – DHS (PA) Household	94	002*
47.	State of Kentucky – Withholding Tax (Reciprocal)	94	004*
48.	State of Michigan – Withholding Tax (Reciprocal)	94	005*
49.	State of Wisconsin – Withholding Tax (Reciprocal)	94	006*
50.	State of Iowa – Withholding Tax (Reciprocal)	94	007*
51.	***Treasurer, State of Illinois	95	095
52.	IW Offset	96	096**
53.	Garnishment	97	001 thru 200
54.	Tax Levy	98	001 thru 200
55.	Bankruptcy	99	001 thru 200

* Use Comptroller assigned code to identify the specific organization

** Can only be used by IOC

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	PAYROLL	PROCEDURE - PAGE NO. 23.20.55 1 of 1
SUB-SECTION	INPUT DOCUMENT PROCEDURES	EFFECTIVE DATE January 1, 2014
PROCEDURE	SALARY REVERSAL SYSTEM OVERVIEW	REVISION NUMBER 14-002

SALARY REFUND SYSTEM OVERVIEW

The salary reversal system provides the method of correcting salary overpayments. The system provides for:

1. Collecting the net pay warrant amount from the employee
2. Recovering all deductions
3. Correcting the employee's earnings record

Agencies must submit a petition seeking approval to process a salary reversal. A template of a Petition to Process Salary Reversal may be requested from the Comptroller Payroll Processing unit. Upon approval of the petition, the agency must then submit the recovered net pay warrant (Treasurer's draft representing the overpayment) along with any deductions not to be recovered through the payroll system (directly from the union, association, insurance company, etc., hereafter known as trailer payees) on a fully completed salary refund form.

Upon receipt of the salary refund form with the proper attachments, the Comptroller will approve the reversal and notify the agency of the pay period in which the reversal may be processed. All reversals must be processed by November 15 of the current year.

Upon receipt of the salary reversal warrant, the Comptroller will credit the appropriation (if it has not lapsed) and update the employee's earnings by the amount received.

A salary refund does not have to be processed on the same payroll code or from the same account code from which the original warrant was written.

If an agency is requesting to process a salary reversal for a payment which occurred in a prior calendar year, the agency must submit certification from the employee that he or she has not and will not request from the Internal Revenue Service a refund of the over-collected social security and/or Medicare taxes. A template of the required certification may be requested from the Comptroller Payroll Processing unit.

If the payment to be reversed occurred in a prior calendar year and the employee had use of the funds (received state warrant or direct deposit of funds), no reversal of federal or state income tax withholdings will be allowed.

No reversal of employee retirement contributions will be allowed for prior calendar year payments.

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SECTION	PAYROLL	PROCEDURE - PAGE NO. 23.20.60 1 of 5
SUB-SECTION	INPUT DOCUMENT PROCEDURES	EFFECTIVE DATE January 1, 2014
PROCEDURE	SALARY REVERSAL PROCEDURES	REVISION NUMBER 14-002

SALARY REVERSAL PROCEDURES

PURPOSE

This procedure allows agencies to recover amounts deducted coincident to erroneous salary payments on the payroll voucher/tape, as opposed to requesting cash refunds directly from the trailer payee. However, under certain circumstances, agencies may obtain the refund directly from the trailer payee.

TIMING REQUIREMENTS

Salary reversals should normally be processed within 45 days of the issue date on the original erroneous warrant. Reversals must be completed no later than the fifteenth day of November.

PROCESSING RULES

The following rules must be adhered to in the salary reversal procedure:

1. Overpayments to an active employee should be adjusted on a subsequent payroll voucher. A salary reversal can not be processed on an employee without prior written approval of the Comptroller's Office. Each payroll reversal shall be supported by a separate petition to process the salary reversal. The IOC will reject any payroll containing reversals that have not been previously approved in writing.
2. If a terminating employee is not entitled to the entire salary warrant, a cash refund may be submitted on a salary refund form. The taxes, FICA or Medicare and retirement must be retrieved via a salary reversal on a subsequent payroll by entering only those amounts applicable to the overpayment. Reversal records must have the original FICA and Retirement Codes.
3. The account code of the original warrant and the account code of the payroll voucher from which the money is being recovered do not have to agree.
4. Salary reversal records may not be combined with the employee's regular voucher records. A separate voucher entry is required. Agencies should sort their voucher so that all reversals are at the end of the payroll in alphabetical sequence.

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	PAYROLL	PROCEDURE - PAGE NO. 23.20.60 2 of 5
SUB-SECTION	INPUT DOCUMENT PROCEDURES	EFFECTIVE DATE January 1, 2014
PROCEDURE	SALARY REVERSAL PROCEDURES	REVISION NUMBER 14-002

5. Agencies may submit multiple salary reversal entries per employee on their payroll tape/file.
6. The agency is responsible for collecting the full amount of money that was erroneously paid to the employee.
7. Agencies must determine that there is sufficient money in each payee trailer record to recover the money to be reversed. Example: If a salary reversal of \$10.00 for Federal Tax is being processed, the payroll must contain at least \$10.00 in Federal Tax deductions.
8. If a trailer record on a payroll does not contain sufficient money to process a complete reversal for a particular payee, it is permissible to reclaim the balance of the reversal on a subsequent payroll(s) by processing another salary reversal(s). If it is not practical to reclaim the money on subsequent payrolls, the agency should collect the outstanding balance directly from the trailer payee or the employee.
9. When salary reversals involve U.S. Savings Bonds, the agency is to obtain the amount due from the employee and submit it with the salary refund document. If you are unable to get the refund from the employee, notify the Comptroller's Payroll Section immediately.
10. When the salary reversal involves a credit union or a retirement system, it is the agency's responsibility to contact the respective organization immediately and notify them of the salary reversal in order to prevent withdrawal of the amount to be reversed.
11. The State Contribution to Retirement is to be reduced, using the employee total wages subject to SERS from the reversal entry on the voucher, to calculate the refund.
12. The State Contribution to FICA or Medicare is to be reduced, using the employee's wages subject to FICA/Medicare from the reversal entry on the voucher, to calculate the refund.

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	PAYROLL	PROCEDURE - PAGE NO. 23.20.60 3 of 5
SUB-SECTION	INPUT DOCUMENT PROCEDURES	EFFECTIVE DATE July 1, 2002
PROCEDURE	SALARY REVERSAL PROCEDURES	REVISION NUMBER 03-001

CONTENTS

The following entries must be made on the payroll voucher tape for each salary reversal:

<u>PAYROLL VOUCHER TAPE POSITION</u>	<u>DESCRIPTION</u>
48-62 (First) 63-77 (Middle) 78-97 (Last) 98-101 (Suffix)	Enter the employee's name exactly as it appeared on the original voucher.
39-47	Enter the employee's social security number, exactly as it appeared on the original voucher (even if the original entry was erroneous).
137-143	Enter .00 in the base pay.
159-166	Enter .00 in the gross amount earned field.
Dedicated and Miscellaneous Fields	Enter the amount in the deduction field that is being reversed. All salary reversal amounts are treated as negative. Enter the code relating to the trailer payee as it appeared on the original voucher.
1055-1057	Enter the reversal code. This is a three-digit code which is signed in numeric sequence by the agency. It refers to the number of salary reversals on a payroll. If there were three reversals on a payroll, the first code would be 001, the second 002, and the third 003, etc.
1058-1065	Enter the amount of the reversal. The amount entered in this field must be a positive (+) figure and it must equal the total of all negative entries.

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	PAYROLL	PROCEDURE - PAGE NO.
SUB-SECTION	INPUT DOCUMENT PROCEDURES	23.20.60 4 of 5
PROCEDURE	SALARY REVERSAL PROCEDURES	EFFECTIVE DATE July 1, 2002
		REVISION NUMBER 03-001

<u>PAYROLL VOUCHER TAPE POSITION</u>	<u>DESCRIPTION</u>
1066-1073	Enter the amount of overpayment.
1074-1081	Ending pay period date of erroneous payment.
1082-1090	Enter the original warrant number including the two-letter prefix.
1091-1097	Enter the trace number from the erroneous payment.
1023-1030	Enter .00 in Amount of Warrant field.

A trailer record for each salary reversal must be entered on the trailer page of the payroll. If multiple reversals are processed, a separate trailer record is required for each employee record. Each entry is to be preceded by the Comptroller code and actual code. The trailer record entries are:

1. Comptroller Code (01)
2. The Actual Code
Enter the reversal code of the associated detail entry (position 1055-1057).
3. The Payee Name should be entered as follows:
01 001 FUND XXX(XXXXXXXXXXXXXXXXXX)
% Name of Agency
Warrant Number Social Security Number

EXAMPLE: An employee of the Department of Transportation has been overpaid from account code 011-49401-1120-00-00-1120-89. The warrant number representing the overpayment is SB9999999 and the employee's social security number is 360-34-7117. The trailer record entry will appear as follows:

01 001 Fund 011(4940111200000)
% Department of Transportation
SB9999999 360347117

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	PAYROLL	PROCEDURE - PAGE NO. 23.20.60 5 of 5
SUB-SECTION	INPUT DOCUMENT PROCEDURES	EFFECTIVE DATE July 1, 2002
PROCEDURE	SALARY REVERSAL PROCEDURES	REVISION NUMBER 03-001

NOTE: The fund is the first three digits of the 16-digit account code (including the parentheses as shown) to which the original warrant was charged. (Position 1021-1030)

4. The amount of warrant for the trailer record must equal the reversal amount (1058-1065) entry of the detail entry.

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	PAYROLL	PROCEDURE - PAGE NO. 23.20.65 1 of 3
SUB-SECTION	INPUT DOCUMENT PROCEDURES	EFFECTIVE DATE January 1, 2011
PROCEDURE	SALARY REFUND FORM PROCESSING	REVISION NUMBER 11-002

SALARY REFUND FORM PROCESSING

PURPOSE

The Salary Refund Form is a transmittal document used for depositing money in the State Treasury, crediting the appropriation accounts and updating the employee's earnings record. The form must be accompanied by a State warrant, Treasurer's draft or university check for the amount to be redeposited. A separate salary refund form must be prepared for each salary warrant. The amounts entered on the form must match the reversal amounts.

TIMING REQUIREMENTS

Salary refund forms accompanied by State warrants, Treasurer's drafts or checks issued by one of the State-funded Illinois educational facilities should be processed within 60 days of the issue date on the erroneous salary warrant. Since the Comptroller's Office will not process any incomplete refunds, it is imperative that monies totaling the gross to be credited are attached to the Salary Refund Form (C-65).

DISTRIBUTION

Copy 7 of the refund form is retained by the agency. The remaining copies should be sent to the Comptroller's Office. Exhibit 23.20.65-C is a blank form for agency use. Please contact the Comptroller's Office for an electronic version of this form.

CONTENTS

The salary refund form must be completed as follows: (See Exhibit 23.20.65-A)

- A Agency: Enter the agency name as it appeared on the original payroll voucher. Also enter the mailing address. (Enter the division, if it applies.)
- B Transmittal Number and Date: Enter agency assigned Transmittal number and preparation date. (Please note that this information is for your internal agency use only.)
- C Deposit Instrument Identification Type: If instrument is an advice of credit, enter a 1; a state warrant, enter a 2; a Treasurer's draft, enter a 3; a United States check, enter a 4; or a university check, enter a 5.

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	PAYROLL	PROCEDURE - PAGE NO. 23.20.65 2 of 3
SUB-SECTION	INPUT DOCUMENT PROCEDURES	EFFECTIVE DATE July 1, 2013
PROCEDURE	SALARY REFUND FORM PROCESSING	REVISION NUMBER 14-001

- D Deposit Instrument Identification Number: Enter all instrument numbers.
- E **This Date field remains for Comptroller use only.** The date in this section is the date the deposit is ordered into the fund by the Comptroller.
- F Enter the six digit agency assigned order number. This number should begin with the Comptroller assigned Alpha prefix and must be unique. See Exhibit 25.50.20-A for prefix list.
- G Enter the total amount of refund.
- H Enter the fund number.

Numbered Fields

1. Enter employee's Social Security Number.
2. Enter pay code on which the erroneous payment was made.
3. Enter employee's name as it appeared on the erroneous net pay warrant.
4. Enter the last day the employee worked for your agency. If the employee is current, enter N/A.
5. Enter warrant number of the erroneous net payment.
6. Enter the trace number if the erroneous payment was made through the Electronic Funds Transfer (EFT) program. If not, enter N/A.
7. Enter the issue date of the erroneous net pay warrant.
8. Enter the voucher number of the erroneous payment.
9. Enter the pay period of the erroneous payment.
10. Enter the appropriation account code from which the erroneous payment was made.
11. Enter the fiscal year from which the erroneous payment was made.
12. Enter the detail object code to which the erroneous payment was charged.
13. Enter the gross amount that will be credited. This amount must equal the total money submitted with this report. If it does not, an explanation must be attached.
14. Enter the gross amount of the original payment even if the entire gross is not being refunded.
15. Enter the net amount of the erroneous payment that is being refunded.
16. Enter the Federal income tax being refunded.
17. A. Enter the OASDI portion of the FICA tax being refunded. B. Enter the HI (Medicare) portion of the FICA tax being refunded.
18. Enter the amount of State income tax being refunded. The money in this field must be reclaimed from the same state as was deducted on the original payment.
- 18A. Enter the State code from which the money was reclaimed. This must be the same code that appeared on the erroneous payment voucher.
19. Enter the amount of retirement being refunded.

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SECTION	PAYROLL	PROCEDURE - PAGE NO. 23.20.65 3 of 3
SUB-SECTION	INPUT DOCUMENT PROCEDURES	EFFECTIVE DATE January 1, 2011
PROCEDURE	SALARY REFUND FORM PROCESSING	REVISION NUMBER 11-002

- 19A. Enter the appropriate retirement system code.
20. Enter the amount of deferred compensation being refunded.
21. Enter the amount of all tax sheltered annuities being refunded.
22. Enter the amount of flexible spending, Medical Care (MCAP), being refunded. (From column 85 of the payroll voucher)
23. Enter the amount of flexible spending Dependent Care (DCAP), being refunded. (From column 86 of the payroll voucher)
24. Enter Parking, Transit and/or Retirement Buy Back.
25. Enter the total of all other deductions being refunded. This would include deductions appearing in the union, credit union, association, miscellaneous insurance, charity, garnishment, deductions appearing in the involuntary deductions other than garnishment field (31) of the payroll voucher, and any payments going back to a university.
26. Enter the amount of nontaxable benefits applicable to this refund. (From column 51 of the payroll voucher)
27. Enter the amount of other compensation subject to withholding applicable to this refund. (From column 54 of the payroll voucher)
28. Enter the amount of earned income credit applicable to this refund. (From column 67 of the payroll voucher)
29. Enter the amount of maintenance applicable to this refund. (From column 25 of the payroll voucher)
30. Enter the amount of nontaxable income applicable to this refund. (From column 53 of the payroll voucher)
31. Enter the amount of other compensation applicable to this refund. (From column 52 of the payroll voucher)
32. Enter the amount of Group insurance applicable to this refund. (From column 84 of the payroll voucher)
33. Enter the amount of retirement pickup if applicable to this refund.
- 34-36. For future use. Leave blank unless otherwise instructed by the Comptroller's Office.
37. Enter gross amount of refund. This amount must be the same as the amount in 13 and equal the total money accompanying this form. (Total of amounts 15 and 16 through 25 less 28)
38. The appropriate agency person should sign his/her name, indicate his/her title, phone number and date the form. Copy 1 (white) must contain an original signature of the authorized agency official.

NOTE: The comments field is optional and may be used to supply additional information.

Exhibit 23.20.65-B illustrates a properly completed Salary Refund Form C-65.



Salary Refund Report to the Comptroller

DISTRIBUTION
1. White-Returned to Comptroller
2. Blue-Treasurer-Banking Division
3. Buff-Treasurer-Warrant Division
4. Pink-Returned to Agency
5. Canary-Retained by Comptroller
6. Green-Retained by Comptroller
7. Goldenrod-Retained by Agency

Agency: _____ (A)

Address: _____

Transmittal No.	_____ (B)
Transmittal Date	_____
DEPOSIT INSTRUMENT IDENTIFICATION	
TYPE	NUMBER
_____ (C)	_____ (D)

_____	_____	_____	_____
1. Social Security No.	2. Pay Code	3. Name of Employee (Last, First, Middle)	4. Last Day Employed
_____	_____	_____	_____
5. Original Warrant No.	6. Trace Number	7. Issue Date	8. Voucher No.
_____	_____	_____	_____
_____	_____	_____	_____
10. Appropriation Account Code Paid From	11. Fiscal Year	12. Detail Object	13. Gross To Be Credited

14. Original Gross	\$ _____		
15. Net Amount To Be Credited	\$ _____		
Deductions Refunded			OTHER
16. Federal Income Tax	\$ _____		26. Non-Taxable Benefits
17. FICA			27. Other Compensation Subject to Withholding
A. OASDI	\$ _____	Code _____ 17a.	28. Earned Income Credit
B. HI (Medicare)	\$ _____	Code _____ 17b.	29. Maintenance
		State _____	30. Non-Taxable Income
18. State Income Tax	\$ _____	Code _____ 18a.	31. Other Compensation
19. Retirement	\$ _____	Code _____ 19a.	32. Group Insurance
20. Deferred Compensation	\$ _____		Attributed Income
21. Tax Sheltered Annuity	\$ _____		33. Retirement Pickup
22. Flexible Spending (MCAP)	\$ _____		34. _____
23. Flexible Spending (DCAP)	\$ _____		35. _____
24. _____	\$ _____		36. _____
25. All Other Deductions	\$ _____		37. Gross to be Credited
			\$ _____

Comments:

38. Authorized Signature	Title	Phone	Date
_____	_____	_____	_____

Agency must complete Order Number, Document Total and Fund Number.

COMPTROLLER DEPOSIT ORDER
TO THE TREASURER OF THE STATE OF ILLINOIS

Date _____ (E) Order No _____ (F)

Document Total: _____ (G)

Fund Number: _____ (H)

COUNTERSIGNED - STATE TREASURER

COMPTROLLER, STATE OF ILLINOIS



Salary Refund

Report to the Comptroller

DISTRIBUTION	
1. White-Returned to Comptroller	
2. Blue-Treasurer-Banking Division	
3. Buff-Treasurer-Warrant Division	
4. Pink-Returned to Agency	
5. Canary-Retained by Comptroller	
6. Green-Retained by Comptroller	
7. Goldenrod-Retained by Agency	

Agency:	Office of the Comptroller
Address:	Administrative Services 325 West Adams Springfield, IL 6204-1858

Transmittal No.	SR30
Transmittal Date	7/6/XX
DEPOSIT INSTRUMENT IDENTIFICATION	
TYPE	NUMBER
2	SB8634051
2	SB8456353

XXX-XX-XXXX	04-003	Jones, James F.	6/15/XX
1. Social Security No.	2. Pay Code	3. Name of Employee (Last, First, Middle)	4. Last Day Employed
SB8456353	N/A	6/28/XX	1245
5. Original Warrant No.	6. Trace Number	7. Issue Date	8. Voucher No.
0001-XXXXXX-XXXX-XX-XX		05	1120
10. Appropriation Account Code Paid From		11. Fiscal Year	12. Detail Object
			1,560.00
			13. Gross To Be Credited

14. Original Gross	\$ 1,560.00
15. Net Amount To Be Credited	\$ 768.87

Deductions Refunded

16. Federal Income Tax	\$ 288.16
17. FICA	
A. OASDI	\$ 89.84
B. HI (Medicare)	\$ 21.01
18. State Income Tax	\$ 87.16
19. Retirement	\$ 63.73
20. Deferred Compensation	\$ 75.00
21. Tax Sheltered Annuity	\$
22. Flexible Spending (MCAP)	\$
23. Flexible Spending (DCAP)	\$
24.	\$
25. All Other Deductions	\$ 166.23

OTHER

26. Non-Taxable Benefits	\$ 44.15
27. Other Compensation Subject to Withholding	\$ 30.00
28. Earned Income Credit	\$
29. Maintenance	\$
30. Non-Taxable Income	\$
31. Other Compensation	\$
32. Group Insurance	\$
Attributed Income	3.14
33. Retirement Pickup	\$
34.	\$
35.	\$
36.	\$
37. Gross to be Credited	\$ 1,560.00

Comments:

38. Authorized Signature	Acct Mgr	XXX-XXXX	7/21/XX
	Title	Phone	Date

Agency must complete Order Number, Document Total and Fund Number.

COMPTROLLER DEPOSIT ORDER

TO THE TREASURER OF THE STATE OF ILLINOIS

Date _____ Order No. SXXXXX

Document Total: \$1,560.00

Fund Number: 0001

COUNTERSIGNED - STATE TREASURER

COMPTROLLER, STATE OF ILLINOIS

STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER

SECTION	PAYROLL	PROCEDURE - PAGE NO.
		23.20.70 1 of 1
SUB-SECTION	INPUT DOCUMENT PROCEDURES	EFFECTIVE DATE
		July 1, 2006
PROCEDURE	AUTHORIZATION TO PICK UP SALARY	REVISION NUMBER
	WARRANTS	07-001

AUTHORIZATION TO PICK UP SALARY WARRANTS (Exhibit 23.20.70-A)

PURPOSE

The Authorization to Pick Up Salary Warrants (Form SCO-345) is used by State or Courier employees to provide specimen signatures to the Comptroller for person(s) authorized to pick up Salary Warrants from the Office of the Comptroller.

TIMING REQUIREMENTS

Submission of a new card is required when a new State or Courier employee is authorized to pick up Salary Warrants. Agencies must notify the Comptroller by memorandum when an authorization is revoked.

DISTRIBUTION

One Authorization to Pick Up Salary Warrants must be prepared (for each person) and filed with the Comptroller's Office.

CONTENTS

Each Authorization to Pick Up Salary Warrants Card must be completed as follows:

- 1 Authorized Person: Type name (first, middle, last) of the person authorized to pick up salary warrants at the Office of the Comptroller.
- 2 Signature: Authorized person must sign the card before it is valid.
- 3 Agency Name: Type complete Agency name.
- 4 Agency Head: Type name (first, last) of Agency Head.
- 5 Signature of Agency Head: Agency Head must sign the pick up card before it is valid.
- 6 Date Signed: Enter the date of the Agency Head signature.



STATE OF ILLINOIS
COMPTROLLER
JUDY BAAR TOPINKA

Authorization To Pick Up Salary Warrants Springfield 62706

1. Typed name of person authorized to pick up Salary Warrants at the Office of State Comptroller.	
2. Signature of person authorized to pick up Salary Warrants at the Office of State Comptroller.	
3. Agency name - typed.	5. Signature of agency head.
4. Typed name of agency head.	6. Date signed by agency head.

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	PAYROLL	PROCEDURE - PAGE NO. 23.20.75 1 of 16
SUB-SECTION	INPUT PROCEDURES	EFFECTIVE DATE January 1, 2013
PROCEDURE	CONTRACTUAL SERVICE VOUCHER (C-02)	REVISION NUMBER 13-002

CONTRACTUAL SERVICE VOUCHER (Form C-02)

OVERVIEW

The Contractual Service Voucher (Exhibit 23.20.75-A) is to be used for vouchering payments subject to withholding taxes (federal or state income taxes, backup withholding, and/or FICA taxes), which have not been authorized to process using the Comptroller's salary payroll system. Examples include payments to Lottery, non-resident aliens, etc. For any exceptions, the Comptroller's Office must be contacted for authorization.

CONTRACTUAL EMPLOYEES

The Internal Revenue Service (IRS) and the Illinois Department of Revenue require federal and state income tax withholding on compensation paid to individuals who perform personal services for the State on a contractual basis who are deemed "employees" under IRS regulations.

Contractual employees who work in certain State educational facilities may qualify for membership in the Teachers' Retirement System. Employers of members of the Teachers' Retirement System are required to withhold contributions to the System.

Contractual employees do not qualify for inclusion in the State Employees' Retirement System, the State Universities Retirement System, or the State Employees Group Insurance Program.

Contractual employees, will be, in most cases, subject to the full 7.65% FICA tax if they are not covered under a pension plan that meets a specific defined contribution rule. (FICA, means the combined total of the Social Security tax (OASDI) of 6.2% and the Medicare tax (HI) of 1.45%). For calendar years 2011 and 2012, the employee's contribution rate for FICA was 4.2%.

The Internal Revenue Service has determined that an employee meets this minimum benefit rule if he or she contributes at least 7.5% of his or her State compensation to a pension plan.

STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER

SECTION	PAYROLL	PROCEDURE - PAGE NO. 23.20.75 2 of 16
SUB-SECTION	INPUT PROCEDURES	EFFECTIVE DATE January 1, 2004
PROCEDURE	CONTRACTUAL SERVICE VOUCHER (C-02)	REVISION NUMBER NEW

It is the responsibility of each agency to determine whether payments to individuals who perform personal services for the State are to be treated as "wages" paid to "employees" for federal and state income tax withholding purposes. The following guidelines are to be applied. The terms "services" and "personal services" as used herein are to be interpreted in their generally accepted meanings; not as defined in the Illinois statutes. Payments for non-personal services, such as rent for the use of a building or other physical facility or reimbursement of travel and other similar expenses, are not subject to withholding. Similarly, the term "person" is limited to individuals; amounts paid to partnerships and corporations are not subject to withholding even though such payments may represent compensation for personal services rendered by a member or representative of such entities.

1. Generally, all payments to persons who provide personal services to the State who are deemed to be "employees" are subject to both federal and state income tax withholding. A person providing personal services may be a State employee for income tax purposes even though (a) he is paid out of the contractual services, awards and grants, permanent improvements, lump sums, or other line item budgets, rather than through the regular payroll, (b) his agreement with the State provides that he is an independent contractor, and (c) he is not treated as an employee for State insurance and pension benefits. The test for determining whether a person who provides such services is an employee for income tax purposes is whether the State has the right to control and direct the performance of the services, not only as to the result to be accomplished, but also as to the details and means by which that result is to be accomplished. Thus a person will be deemed an employee of the State for income tax if he is subject to the will and control of the State, not only as to what shall be done, but also as to how it shall be done. It is not necessary, however, that the State actually direct or control the manner in which the services are performed; it is sufficient if it has the **right** to do so. Moreover, the fact that a person may provide services for a short period of time does not preclude him from being classified as an employee for income tax purposes. For example, a secretary may be an employee even though she works for only one day.

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	PAYROLL	PROCEDURE - PAGE NO. 23.20.75 3 of 16
SUB-SECTION	INPUT PROCEDURES	EFFECTIVE DATE January 1, 2004
PROCEDURE	CONTRACTUAL SERVICE VOUCHER (C-02)	REVISION NUMBER NEW

2. Except as provided in the last sentence of paragraph 3 and in paragraph 4, all persons who provide personal services to the State shall be treated as State employees for federal and state income tax purposes. The term "employees" shall be deemed to include (but is not limited to) the following persons:
 - a. a person who, at the time he enters into a contract with the State, is expected to be placed on a regular payroll, but is paid out of a budget other than the "personal service budget" prior to his being placed on a regular payroll;
 - b. except as described in paragraph 4, a person who provides secretarial, general office, keypunch, janitorial or other ministerial services; and,
 - c. a teacher or teacher's aide.

All persons deemed to be employees for federal and state income tax withholding purposes will receive a Form W-2 reflecting gross earnings and federal and state taxes withheld for all payments processed by the Comptroller on a Contractual Service Voucher.

3. A person who provides personal services to the State for which he is compensated other than on a regular payroll shall be treated as a State employee for income tax purposes unless he or she can prove that the contractual services are provided as part of a business which he or she regularly conducts. (See paragraph 4 (b).) Notwithstanding the preceding sentence, official court reporters who are compensated on a regular payroll (with respect to which they are employees) shall not be treated as employees with respect to transcription fees paid by the State, either on behalf of indigent criminal defendants or juveniles adjudged delinquent pursuant to the Illinois statutes and Rules of the Supreme Court of the State of Illinois or as a party to litigation.

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4. The following persons are generally considered not to be State employees:
- a. a person performing professional services, such as a doctor, lawyer, dentist, architect, veterinarian, engineer or CPA, unless such person (1) is on a regular payroll, or (2) is expected to be placed on a regular payroll at the end of the contract period. (However, a person who is not an employee with respect to the rendering of one type of service can be an employee with respect to the rendering of another type of service. For example, a doctor will be treated as an employee of a medical school at which he teaches on a regular basis, even though he is not an employee with respect to a private practice which he conducts out of his office.);
 - b. a person who has bona fide business in which he regularly makes available to the public services which are similar to those rendered to the State. (For example, if an individual provides janitorial services to the State and other persons as part of regular business which he conducts, he will not be an employee of the State with respect to such services.);
 - c. a person such as an expert witness, portrait painter, management consultant or computer programmer retained to design a particular program, who provides services over which the State does not have the right to control or direct the manner in which the work is done (even though the State can control or direct the result).
5. Payments for personal services made to a person who is deemed not to be an employee for income tax purposes constitute self-employment income which the recipient will be required to include in his or her taxable income for federal or State purposes. (The State will provide each person who receives \$600 or more of self-employment income from the State with a Form 1099, indicating the amount of self-employment income paid by the State.)

Payment for services provided by an independent contractor must be submitted on an Invoice-Voucher (C-13) with a statement indicating the individual is exempt for tax withholding.

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6. In certain limited cases payments to an individual may be considered in the nature of welfare payments which are not taxable income. In such cases, notwithstanding anything stated in these guidelines to the contrary, the payments are not subject to withholding. For example, payments under Title V of the Federal Economic Opportunity Act of 1964 are not taxable to the recipient and therefore are not subject to withholding.
7. Payments which represent reimbursement of nontaxable expenses under an accountable plan or payment for services which are not personal services (such as rental of office space) are not subject to withholding. In situations in which a single warrant is to be issued for personal services and reimbursement for nontaxable expenses, the voucher submitted to the Comptroller must identify the amount which represents payment for personal services.

FEDERAL AND ILLINOIS W-4 CARD (Exhibit 23.20.75-C)

REQUIREMENTS

Each contractual employee must complete a Federal/Illinois W-4 Employee's Withholding Exemption Certificate (Comptroller form C-25). The information entered on the form C-25 is used to calculate the amount of Federal and Illinois withholding taxes to be withheld on the C-02 voucher for each individual.

Worksheets for completion of the Federal and State W-4's can be obtained from the Internal Revenue Service and the Illinois Department of Revenue.

State agencies must have on file a properly completed Federal/Illinois W-4 for all contractual employees. If an individual refuses to complete a Form W-4, tax should be withheld at the same rate as a person claiming a marital status of single and exemptions of zero. State agencies must maintain the last effective Federal/Illinois W-4 for terminated employees for a period of 4½ years.

The loss of an exemption that affects withholding at the beginning of the next taxable year, such as a divorce or the loss of a dependent, should be reflected by an amended Form W-4 on or before December 1. If the change occurs in December, the new Form W-4 must be furnished within 10 days of the day on which the change occurs.

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DISTRIBUTION

One copy of the Federal/Illinois W-4 should be completed by each individual and retained by the employing State agency. If an individual (1) claims over 10 withholding allowances; or (2) claims exemption from withholding, a copy of the form must be forwarded to the Comptroller's Office.

CONTENTS

Side one of the combined Federal/Illinois W-4 must be completed by the employee as follows:

- A Type or Print Full Name: Enter last name, first name and middle name or initial.
- B Social Security Number: Enter your social security number as it appears on your social security card.
- C Mailing Address: Enter your mailing address and zip code. This is the address to which your W-2 statement will be mailed.
- D Marital Status: Check appropriate box to indicate marital status for federal withholding purposes.
- E Federal Withholding Allowances:
 - 5. Enter total number of allowances you are claiming. (Leave blank if claiming exemption from withholding.)
 - 6. Enter additional dollar amount of Federal tax to be withheld, if any, per pay period. This dollar amount will be in addition to the amount calculated by using the marital status and exemptions from the tax tables. (Leave blank if claiming exemption from withholding.)
 - 7. If exempt, complete line 7, but do not complete lines 5 and 6. Before you can claim exemption you must satisfy the conditions set forth in line 7. You cannot claim exemption if your income will exceed \$600 and includes unearned income and another person can claim you as a dependent. If these conditions are met, write "Exempt" on the line provided.

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F Signature and Date: Employee must sign and date the form.

Side Two of the Federal/Illinois W-4 must be completed by the employee as follows:

- 1 Enter social security number.
- 2 Enter name and mailing address.
- 3 Enter the number of state exemptions.
- 4 Enter any additional money you want withheld over and above the amount calculated by using only the exemptions claimed.
- 5 Sign on this line.
- 6 Enter the date the form was completed.

DISPOSITION OF UNACCEPTABLE FEDERAL/ILLINOIS W-4

Any unauthorized change or addition to Form W-4 makes it invalid. This includes taking out any language by which the individual certifies that the form is correct. A Form W-4 is also invalid if, by the date an individual gives it to you, he or she indicates in any way that it is false.

When you get an invalid Form W-4, do not use it to figure withholding. Tell the individual it is invalid and ask for another one, if the individual does not give you a valid one, withhold taxes as if the individual were single and claiming no withholding allowances. However, if you have an earlier Form W-4 that is valid, withhold as you did before.

EXEMPTION FROM INCOME TAX WITHHOLDING FOR ELIGIBLE PERSONS

An employee may claim exemption from income tax withholding because he or she had no income tax liability last year and expects none this year. However, the wages may still be subject to social security and Medicare taxes. An employee may claim exemption from Illinois income tax only if he can claim exemption from Federal income tax.

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A Form W-4 claiming exemption from withholding expires on December 31. An employee must file a Form W-4 each year by February 15 to claim exemption from withholding. Agencies should begin withholding from each employee who previously claimed exemption from withholding but has not submitted a new Form W-4 for the current year by February 15. Withhold tax as if the employee is single with zero withholding allowances.

EMPLOYEE'S STATEMENT OF NONRESIDENCE IN ILLINOIS (FORM IL-W-5-NR)

A contractual employee who is a resident of a reciprocal state—Iowa, Kentucky, Michigan, or Wisconsin—should not have Illinois income tax withheld from compensation even though that compensation may be paid in Illinois. Under reciprocal agreements negotiated between Illinois and those states, compensation paid to residents of those states is exempt from Illinois withholding. Such employees must file Form IL-W-5-NR (a declaration of their residence in Iowa, Kentucky, Michigan, or Wisconsin) with the employing agency to be entitled to this exemption. In the event that an employee, after filing Form IL-W-5-NR, moves out of the named state of residence, he must notify the employing agency within 10 days and file a new Form IL-W-5-NR, if applicable. See Exhibit 23.20.75-B.

PAYMENTS TO FOREIGN VENDORS

Certain payments to nonresident alien independent contractors and foreign corporations or partnerships (see SAMS Procedure 17.20.51) are subject to federal tax withholding and/or reporting on IRS Form 1042. These payments must be submitted on Contractual Service Vouchers.

PROCESSING CRITERIA

The following criteria apply to processing Contractual Service Vouchers:

1. Contractual Service Vouchers must be submitted with a Schedule (Form C-11) (Refer to Procedure 23.20.80) and not be interspersed with Commercial Vouchers (C-13) and/or Travel Vouchers (C-10).
2. Voucher numbers are restricted to 8 characters. The first 4 characters may be alpha or numeric but the last 4 must be numeric (i.e., ABCD1234).

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PROCEDURE	CONTRACTUAL SERVICE VOUCHER (C-02)	REVISION NUMBER 09-001

3. A voucher number may not be used within the same account code more than once. The only exception would be in the case of a Replacement Voucher where the initial voucher was lost and, therefore, never processed.
4. The Office of the Comptroller will continue to assign the Schedule numbers for both hard copy vouchers and vouchers accompanied by magnetic tape.
5. The entire Schedule will be rejected if the total of all the vouchers (gross amounts) do not agree with the total shown on the applicable Schedule. Individual vouchers will be rejected if they do not crossfoot (gross to net).
6. Only one detail object code (in addition to 1175, State Contribution to Social Security or Medicare, Contractual Payroll) may be cited on the voucher. In this case, a payment which represents both a contractual payment (e.g., \$25/hr X 10 hrs.) plus expense reimbursements will show the total of both as the amount charged to the detail object.
7. The Contractual Service Voucher will contain marital status, federal and state withholding exemptions and amounts for federal and state tax to be withheld. It will be the agency's responsibility to compute the various withholding amounts in accordance with current IRS regulations. Questions concerning withholding tables to be used in unusual circumstances should be referred to the Internal Revenue Service.
8. The Contractual Service Voucher (C-02) must be used for all applicable contractual services payments described in the overview (23.20.75 1 of 16).

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9. The determination of whether an individual hired on a contractual basis qualifies for federal and/or state tax withholding (and possibly Teachers' Retirement System contributions) rests mainly with the agency which hired the individual. The Office of the Comptroller will pre-audit the Contractual Service Vouchers to determine that the processing criteria are met and to review the agency's determination for reasonableness.
10. Nonresident Foreign vendors may be subject to federal and state income tax withholding. FICA withholding is not required.

DISTRIBUTION

Six copies of the Contractual Service Voucher are required and distributed as follows:

- The Original is retained by the Comptroller.
- Copies 2, 3, and 5 are retained by the agency.
- Copy 4 is mailed with the warrant to the vendor. The remittance copy should be tri-folded equally so that the Vendor/Payee Box is visible in the Comptroller's window envelope (Form SCO-100). All additional backup material accompanying the remittance copy to be mailed to the vendor/payee should be attached to the back of the folded remittance copy. The material should not be folded within the remittance copy. The tri-folded Copy 4 should be attached to the Original Copy retained by the Comptroller's Office.
- Copy 6 is retained by the payee.

INSTRUCTIONS

At the top of the form, enter the name and address of the agency, institution, or other State governmental unit.

REFERENCE

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Block 1

Reserved for future use.

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Block 2	Enter the payee's nine-digit taxpayer identification number. For individuals and sole proprietors, this is their social security number (SSN). For corporations and partnerships it is their employer identification number (EIN). Nonresident foreign vendors that are not engaged in a U.S. Trade or business and do not have an office or place of business in the U.S. are required to have an EIN or SSN.
Block 3	Place an "X" in the box if this is your first request for payment at the address entered in Block 4.
Block 4	Enter the payee's name in the following format Last name-First name-Middle name or initial and the address to which the warrant is to be mailed. Do not include commas, dashes or any other characters between each name.
Line 5	Enter the voucher number assigned to this voucher. Voucher numbers are restricted to 8 characters. The first 4 digits may be alpha or numeric but the last 4 must be numeric (i.e., ABCD1234).
Line 6	Enter the date the voucher was prepared.
Line 7	Enter the 16 digit expenditure authority account against which the payment will be charged.
Line 8A	Enter the expenditure authority account from which the State's contribution to Medicare is to be paid and also the detail object code in parenthesis.

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REFERENCE

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Line 8B	Enter the amount of the State's contribution.
Block 9	Enter a complete description of the services rendered, the rate of compensation, the time period the payment covers and expenses incurred. Immediately above block 10 enter the gross wages before deferred compensation. If there is no deduction for deferred compensation enter the amount from block 10. If address of payee is out of country, the "Country Code" must be printed in Block 9.
Block 10	Enter the total taxable earnings billed based upon the rate of compensation entered in Block 9 for the period of time the payment covers plus <u>taxable</u> expenses.
Block 11	Leave Blank (Comptroller's authorization required prior to usage.)
Block 12	Enter the sum of the amounts entered in Block 10.
Block 13	Enter the number of allowances claimed on Form W-4, side 1. If claiming exempt, enter "E". If the payee is a nonresident alien independent contractor who is not exempt from withholding, enter the number of exemptions claimed on form 8233. In all other cases, enter 0.
Block 14	Enter the amount of federal tax to be withheld based upon the gross earnings entered in Block 10, the number of federal exemptions entered in Block 13, the marital status entered in Block 15 and the withholding tables (IRS Circular E or Publication 515 for foreign vendors) used as noted in Block 30.

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<u>REFERENCE</u>	<u>CONTENTS</u>
Block 15	Enter your current marital status - "M" for married and "S" for single, non-resident, Lottery or foreign vendor.
Block 16	Enter the number of allowances claimed on the state Form W-4. If claiming exemption from withholding, enter "E". If the payee resides in a State other than Illinois that has entered into a reciprocal agreement with Illinois (Iowa, Kentucky, Michigan or Wisconsin), enter the number of exemptions the payee wishes to claim for that State's tax withholding purposes. If the payee is a nonresident alien independent contractor who is not exempt from withholding, enter the number of exemptions claimed on Form 8233 . In all other cases, enter 0.
Block 17	If the payee is subject to Illinois withholding, leave blank. If the payee resides in a state which has a reciprocal agreement with Illinois, i.e. Kentucky (KY), Wisconsin (WI), Michigan (MI), or Iowa (IA), and the payee has filed Form IL-W-5-NR with the agency, enter the 2 letter abbreviation identifying the state.
Block 18	Enter the amount of State tax to be withheld based upon the gross earnings entered in Block 10, the number of State exemptions entered in Block 16 and the State tax code entered in Block 17. Use the applicable state's withholding tables.
Block 19	Enter "M" if Medicare is to be withheld. Leave blank if nonresident foreign vendor.
Block 19.1	Enter S for Social Security or T for Teachers Retirement. Leave blank if nonresident foreign vendor.

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Block 20	Enter the amount of the employee contribution to Medicare, based on 1.45% of gross wages. Leave blank if nonresident foreign vendor.
Block 20.1	Enter the amount to be withheld for the individual's contribution to the Teachers' Retirement System if he/she is eligible. If Social Security, enter the contribution based on 6.2% of gross earnings. Leave blank if nonresident foreign vendor.
Block 21	If there is an involuntary deduction, enter the appropriate code: 12 Child Support 97 Garnishment 98 Tax Levy 99 Bankruptcy
Block 22	Enter the amount of any tax levy or involuntary deductions in accordance with instructions provided to all agencies via Bulletins from the Comptroller's Office.
Block 23	Enter the amount of net earnings. Block 10 minus Block 14 minus Block 18 minus Block 20 minus 20.1 minus Block 22.
Block 24	Enter the same amount entered in Block 11.
Block 25	Enter the total of the amounts entered in Block 23 and Block 24. This is the amount of the warrant which will be issued to the payee in Block 4.
Block 26	Enter the same amount entered in Block 14. This is the amount of the warrant which will be issued to the State Treasurer for federal income tax withholding purposes.

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Block 27	Enter the same amount entered in Block 18. This is the amount which will be issued to the applicable State Department of Revenue for state income tax withholding purposes. If the State has a reciprocal agreement with Illinois (Iowa, Kentucky, Michigan or Wisconsin), enter the name of the State in the blank and cross out the word Illinois. If a nonresident foreign vendor, enter the country of residence in the blank.
Block 28	Enter the amount from block 20 plus the amount from 20.1 if 20.1 reflects a contribution to Social Security. This is the amount of the warrant issued to the Social Security Administration Fund for the employee's contribution.
Block 28.1	Enter the same amount entered in Block 20.1 if this reflects a contribution to the Teachers' Retirement System. This is the amount of the warrant which will be issued to the Retirement System for the payee's retirement contribution.
Block 29	Enter the same amount entered in Block 22. The proper payee name can be determined by reviewing the applicable instructions for tax levies and garnishments issued by the Comptroller's Office.
Block 30	Enter "1" if federal tax withholding was based on monthly tables, "2" if semi-monthly tables were issued, "3" if other than monthly or semi-monthly tables were used, "4" for non-resident lottery payments, "5" for payment to non-resident other than lottery payment, "6" if the weekly tax table is used, "7" if the bi-weekly tax table is used, or "8" for nonresident foreign vendor payments.

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Block 31	Enter the 4 digit detail object against which the amount in Block 34 is to be charged.
Block 32	Leave Blank.
Block 33	Leave Blank.
Block 34	Enter the total of the amounts appearing in Block 25, 26, 27, 28, 28.1 and 29. (This total must agree with the amount entered in Block 12.)
Block 35	Agency use only.
Block 36	Enter <ul style="list-style-type: none"> A) 1--if only Medicare is being withheld. B) 2--if full FICA is being withheld. C) 3--if the person has reached the maximum withholding; D) 4--if the C-02 represents a lottery prize; and E) 5--if the employee is exempt from both the Social Security and Medicare withholding. A nonresident foreign vendor is exempt.

Obtain approval signature and certifying signature. The date certified must be in the month-day-year format (xx-xx-xx).

Forward the Schedule with the original (Comptroller's) copy and Remittance copy of each Contractual Service Voucher and attachments to the Comptroller for processing.

Contractual Service Voucher

STATE OF ILLINOIS

Name and Location of State Agency or Institutions

<p>2. Social Security Number</p> <p>4. Payee Name — (Last-First-Middle) — and Address</p>	<p>3.</p>	<p>Place X in block 3 if this is your first request for payment at this address.</p> <p>5. Voucher No. _____</p> <p>6. Voucher Date _____</p> <p>7. Account Code _____</p> <p>8 a. State Cont. to Medicare Acct. # _____</p> <p>8 b. State Cont. to Medicare Amount _____</p>
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9. Give complete description of services rendered, rate of compensation, period of time covered and expenses incurred.

Taxable Income	Fed. Ex.	Federal Withholding Tax Amount	Mar. Status	State Ex.	State Tax Code	State Withholding Tax Amount	MC Code	Medicare Amount	Code	Amount	Net Earnings
10.	13.	14.	15.	16.	17.	18.	19.	20.	21.	22.	23.
11. Non-Taxable Ex.	Expenses: In block 11, enter the amount of non-taxable expenses you incurred for which you are allowed reimbursement under the terms of the contractual agreement.						19.1 Ret.Cd.	20.1 Ret. Amt.	Enter Amount From Block 11		24.

12.		Sum of 23 and 24	25.		
Enter Sum of 10 and 11	Payee Warrant _____	Enter Amount From 14	26.		
	Treasurer State of Illinois _____	Enter Amount From 18	27.		
	Revenue Illinois Department of _____	Enter Amount From 20	28.		
	Social Sec Adm Fund Employee _____	Enter Amount From 20.1	28.1		
	Teachers' Retirement System _____	Enter Amount From 22	29		
<p>Disposition of Copies</p> <p>1. Comptroller</p> <p>2. Agency</p> <p>3. Agency</p> <p>4. Remittance Copy</p> <p>5. Agency</p> <p>6. Retained By Payee</p>	<p>Frequency of Pay</p> <p>Enter</p> <p>1-If Monthly</p> <p>2-If Semi-Monthly</p> <p>3-If Other</p> <p>4-If Non-Resident Lottery</p> <p>5-If Non-Resident Commercial</p> <p>6-Weekly</p> <p>7-Bi-Weekly</p> <p>30.</p>	<p>Expenditure Object</p> <p>31.</p>	<p>Obligation Number</p> <p>32.</p>	<p>F</p> <p>33.</p>	<p>Add 25 thru 29</p> <p>34.</p>

35. For Agency Use Only	36. Split Reporting Indicator	<p>Certification of Receiving Agency</p> <p>I certify that the goods or services specified on this voucher were for the use of this agency and that the expenditure for such goods or services was authorized and lawfully incurred, that such goods or services meet all the required standards set forth in the purchase agreement or contract to which this voucher relates; and that the amount shown on this voucher is correct and approved for payment. If applicable, the reporting requirements of section 5.1 of the Governor's Office of Management and Budget Act have been met.</p>		
Date				
Approved for Payment				
Head of Unit or Authorized Agent	Date	(Date)	Agency Head (Signature)	

EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

PLEASE TYPE

1. Type Full Name _____
Last First Middle

2. Social Security _____

3. Date of Birth _____

4. Voting County _____

5. Voting Address _____
Mailing Address If Other Than Above _____
Foreign State/Province _____
Foreign Postal Code _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Country Code _____

6. Marital status: Single Married Married, but withhold at single rate
NOTE: If married, but legally separated, or spouse is a nonresident alien, check the Single block.

7. Total number of allowances you are claiming 7. _____

8. Additional amount, if any, you want deducted from each pay 8. \$ _____

9. I claim exemption from withholding and I certify that I meet **ALL** of the following conditions for exemption:
 • Last year I had a right to a refund of **ALL** Federal income tax withheld because I had **NO** tax liability; **AND**
 • This year I expect a refund of **ALL** Federal income tax withheld because I expect to have **NO** tax liability;
 If you meet all of the above conditions, enter the year effective and "EXEMPT" here > 9. _____

10. Under the penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.

Employee's signature > _____ Date > _____

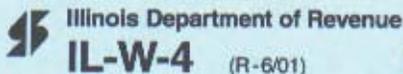
11. Employer's name and address
State of Illinois, Comptroller, Withholding Agent, Springfield, IL 62706

DATE	PAY CODE

Changes:

Name Address Allowance(s)

Former Name _____



Employee's Illinois Withholding Allowance Certificate

Social Security Number	This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center. IL-692-0039
Full Name _____	
Street Address _____	
City, State, ZIP Code _____	
<p>Employer: Keep this certificate with your records. If you have referred the employee's federal certificate to IRS and IRS has notified you to disregard it, you may also be required to disregard this certificate. Furthermore, even if you are not required to refer the employee's federal certificate to IRS, you may still be required to refer this certificate to the Illinois Department of Revenue for inspection. See Illinois Income Tax Regulations 86 Ill. Adm. Code 100.7200.</p>	

1. Write the total number of basic allowances that you are claiming 1 _____

2. Write the total number of additional allowances that you are claiming (65 or older/legally blind) 2 _____

3. Write the additional amount you want withheld (deducted) from each pay 3 _____

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

X _____
Signature

_____ Date

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PROCEDURE	SCHEDULE (Form C-11)	REVISION NUMBER NEW

SCHEDULE (Form C-11)

PURPOSE

The Schedule (Exhibit 23.20.80-A) is a control document used to transmit batches of vouchers within the same fund, appropriation and fiscal year.

DISTRIBUTION

The Comptroller requires the original copy of each Schedule. The number of copies required by each agency and each transmitting agency varies. In order to determine the number of copies required by a specific agency, see that agency's regulations.

CONTENTS

(Exhibit 23.20.80-B)

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Box 1	Enter the name of the agency or institution transmitting the voucher(s).
Box 2	Enter the division of the agency or institution applicable to the voucher(s). (optional)
Box 3	Enter the date on which the schedule is prepared.
Box 4	Enter the title and number of the fund on which the voucher(s) are drawn.
Box 5	Leave blank, the Comptroller will fill this box in.
Box 6	Enter the title of the appropriation applicable to the voucher(s). (optional)

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SUB-SECTION	INPUT PROCEDURES	EFFECTIVE DATE January 1, 2010
PROCEDURE	SCHEDULE (Form C-11)	REVISION NUMBER NEW

<u>REFERENCE</u>	<u>CONTENTS</u>
Box 7	Enter the applicable 16-digit appropriation account number as xxx-xxxxx-xxxx-xx-xx (fund-organization-object of appropriation-sequence-account type).
Column 8	Enter the ascending sequence the voucher numbers transmitted with the Schedule.
Column 9	Enter the payee name associated with each voucher number.
Column 10	Enter the total amount from each voucher.
Column 11	Enter the previous amount vouchered to date. <u>Please note that this is an optional step.</u>
Box 12	Enter the beginning voucher number in the box labeled "FROM." Enter the ending voucher number in the box labeled "TO."
Box 12a	Add the number of vouchers in column 8 and enter the sum as voucher count in box 12a.
Box 13	Add the voucher amounts in column 10 and enter the sum as Schedule Total in box 13.
Box 14	Add the Schedule Total in box 13 to the amount in box 11 and enter the Total to Date in box 14. <u>Please note that this is an optional step.</u>

During the lapse period (July and August), use a one-inch rubber stamp to identify the proper fiscal year in the upper right corner above box 3. The Schedule need not be signed. Agency heads or their representatives usually approve and certify vouchers when presented as a packet consisting of Schedule and vouchers. There is a limit of 20 vouchers per schedule page.

Schedule

STATE OF ILLINOIS

(NEW)

1. Agency or Institution		2. Division		3. Date	
4. Fund				5. Schedule No.	
6. Appropriation Title		7. Appropriation Code			
8. Voucher Number	9. Name of Payee		10. Amount		Totals
	Brought Forward From Previous Schedule				11 →
12. Voucher Number Range		12.a. Voucher Count	13. Schedule Total		
From	To				
Total To Date					14. →

Schedule

STATE OF ILLINOIS

(NEW)

**COMPTROLLER
USE ONLY**

1. Agency or Institution Office of the Comptroller		2. Division Administration		3. Date 7-1-95	
4. Fund General Revenue 001		5. Schedule No.			
6. Appropriation Title Commodities		7. Appropriation Code 001-36001-1200-00-00			
8. Voucher Number	9. Name of Payee	10. Amount		Totals	
	Brought Forward From Previous Schedule			11. →	
AO314	Smith, John	678	36		
AO315	Doe, Jane	433	98		
12. Voucher Number Range		12.a. Voucher Count		13. Schedule Total	
From	To				
AO314	AO315	2		1,112	34
14. Total To Date →					

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	PAYROLL	PROCEDURE - PAGE NO. 23.30.10 1 of 4
SUB-SECTION	OUTPUT REPORT PROCEDURES	EFFECTIVE DATE July 1, 2002
PROCEDURE	PAYROLL WARRANT, WARRANT STUB AND EARNINGS STATEMENT	REVISION NUMBER 03-001

PAYROLL WARRANT, WARRANT STUB AND EARNINGS STATEMENT
(Exhibit 23.30.10-A and B)

Payroll disbursements are made by warrant or direct deposit. The warrant stub and direct deposit earnings statement communicate year-to-date earnings and tax information to the employee, and itemizes the deductions from gross pay. They can also serve a personnel function by communicating information such as accrued vacation time and work-study program earnings to the employee via the two message areas.

SEQUENCE

Warrants and warrant stubs and earnings statements are printed in pay code (major), distribution code and alphabetical sequence.

FREQUENCY

Most State employees are paid semi-monthly, monthly or bi-weekly.

DISTRIBUTION

Warrants and warrant stubs or earnings statements for employees paid by direct deposit are distributed to the agencies for distribution to their employees.

CONTENTS

- I. Payroll Warrant
 - A. Warrant Number – This is a unique number assigned by the Comptroller’s Office (Use For Reference).
 - B. Pay This Amount - Net Amount of payment.
 - C. Distribution Code - This four-position field is the major sequence (within pay code) in which the warrants are printed. There are no restrictions on how this field is to be used.

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	PAYROLL	PROCEDURE - PAGE NO. 23.30.10 2 of 4
SUB-SECTION	OUTPUT REPORT PROCEDURES	EFFECTIVE DATE July 1, 2002
PROCEDURE	PAYROLL WARRANT, WARRANT STUB AND EARNINGS STATEMENT	REVISION NUMBER 03-001

- D. Voucher Number – Original assigned number by agency.
(Corresponds to Voucher)
- E. Payroll Code - Every payroll is assigned a code by the Comptroller's Office. This code must appear on all vouchers (payroll) submitted by that agency.
- F. Accounting Code - This is the account number (appropriation) to which the employee's gross earnings were charged.
- G. Fiscal Year - The fiscal year to which the warrant is charged.
- H. Pay Period Code - This code is an internal Comptroller code.
- I. Date Issued - This is the scheduled pay date.
- J. To The Order Of – Name and address of employee in which the warrant is issued.
- K. Computer Printed Warrant Number - Must be equal to the pre-printed warrant number.

II. Warrant Stub

The data elements printed on the face of the warrant stub are:

1. Pay Period Ending Date - This is the last day of the pay period for which the employee is being paid.
2. Payroll Code - This is the five-digit code (assigned by the Comptroller) of the payroll on which the employee is paid.
3. Schedule Pay Date – This is the actual date the employee is to be paid.
4. Distribute Code – This four-position field is the major sequence (within pay code) in which the warrants are printed.
5. Warrant Number – The unique number assigned to the warrant.

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	PAYROLL	PROCEDURE - PAGE NO. 23.30.10 3 of 4
SUB-SECTION	OUTPUT REPORT PROCEDURES	EFFECTIVE DATE July 1, 2005
PROCEDURE	PAYROLL WARRANT, WARRANT STUB AND EARNINGS STATEMENT	REVISION NUMBER 06-001

6. Gross Earnings - Total calendar year-to-date earnings. Includes tax free and deferred income.
7. Federal Tax - Total calendar year-to-date federal income tax withheld.
8. F.I.C.A. - Total calendar year-to-date F.I.C.A. (Social Security) and Medicare withheld.
9. State Tax - Total calendar year-to-date state income tax withheld.
10. Other Compensation - Total calendar year-to-date of other compensation.
11. Non-Tax Income - Total calendar year-to-date of non-taxable and deferred income paid.
12. Earned Income Credit - Total Calendar year-to-date advance payment of earned income credit paid.
13. Employee Name - Name of employee to which the warrant is issued.
14. Address - This is the employee's mailing address.
15. Social Security Number - This is the last four digits of the employee's social security number.
16. Base Pay - This is the amount of the employee's agreed upon pay for this period of time.
17. Overtime Pay - This is the amount employee is receiving as overtime pay this period.
18. Lump Sum Payments - This is a lump sum payment not subject to employee contributions to retirement.
19. Additional Gross - This is any additional amount that is taxable.
20. Gross Earnings - This is the total of all compensation paid in this pay period.
21. Deductions - This area of the stub shows each deduction made for the pay period.

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	PAYROLL	PROCEDURE - PAGE NO. 23.30.10 4 of 4
SUB-SECTION	OUTPUT REPORT PROCEDURES	EFFECTIVE DATE July 1, 2002
PROCEDURE	PAYROLL WARRANT, WARRANT STUB AND EARNINGS STATEMENT	REVISION NUMBER 03-001

22. Total Deductions – This is the total of all deductions for this pay.
23. Earned IncCred – Amount of Advance payment of earned income credit paid for this pay period.
24. Net Pay - This is the amount of compensation due employee after applicable deductions.
25. Message Field - Provides a message field for agencies that wish to use it.

III. Earnings Statement

Employees enrolled in the direct deposit program will receive earning statements instead of a warrant stub. This statement contains similar information as the warrant stub and also contains the trace number.

JUDY BAAR TOPINKA
COMPTROLLER - STATE OF ILLINOIS

000001



SALARY EARNINGS STATEMENT
FOR PAY PERIOD ENDING 03-15-2014
SCHEDULED PAY DATE 03-25-2014

37-262
MAIL

WARRANT
SA1111111

YEAR TO DATE EARNINGS AND TAXES

GROSS EARNINGS	15534.72
FEDERAL TAX	2100.90
F.I.C.A.	1119.54
STATE TAX	855.62
OTHER COMP.	.72
NON-TAX INCOME	2422.74
EARNED INC. CRED.	.00

DOE BAMBI E
608 OAK STREET
FOREST PARK IL 12345-1111 MAIL

YEAR TO DATE GROSS EARNINGS PLUS
OTHER COMPENSATION LESS NON-TAXABLE
INCOME EQUAL TAXABLE GROSS.

CURRENT PERIOD EARNINGS AND DEDUCTIONS

SOCIAL SECURITY NO.	BASE PAY	OVERTIME PAY	LUMP SUM	ADDITIONAL GROSS	GROSS EARNINGS
***-**-8995	2589.12	.00	.00	.00	2589.12
DEDUCTIONS:					
FEDERAL TAX	350.15	STATE TAX	109.27	FICA	186.59
RETIREMENT	103.57	OP HLTH INS	148.75	OTHER INS	30.84
UNION DUES	43.25	DEF. COMP.	150.00	IW OFFSET	459.89

TOTAL DEDUCTIONS	1582.31
EARNED INC. CRED.	.00
NET PAY	1006.81

NOTE:
*GROSS PAY INCREASED BY THIS AMOUNT

SA1111111
REFER TO THIS NUMBER

DRAWN BY **JUDY BAAR TOPINKA** COMPTROLLER 70-2186
ON THE TREASURER OF THE STATE OF ILLINOIS 711

PAY THIS AMOUNT: *One Thousand Six******81/100 \$****1006.81

MAIL

VOID AFTER TWELVE MONTHS

DATE ISSUED: 03-25-2014	37 262	P03A0262	314 41640 1900 0000	14 06
TO THE ORDER OF: DOE BAMBI E	SA1111111			
608 OAK STREET				
FOREST PARK IL 12345-1111				

COUNTERSIGNED AND REGISTERED

Dan Butterford
Dan Butterford, Treasurer, State of Illinois

This document has a colored background
and contains an artificial watermark on
the reverse side.

GRANTED, DRAWN AND RECORDED

Judy Baar Topinka
Judy Baar Topinka, Comptroller, State of Illinois



JUDY BAAR TOPINKA
COMPTROLLER - STATE OF ILLINOIS

SALARY EARNINGS STATEMENT
FOR PAY PERIOD ENDING 03/15/14
SCHEDULED PAY DATE 03/25/14

37 015
MAIL

THIS IS NOT A DEPOSIT RECEIPT

WARRANT - TRACE NO.
SA1111112-0000078

SUMMERS SUNSHINE
APT A810
120 S SANDY AVE
SUNNYDALE IL 12344

MAIL

YEAR TO DATE EARNINGS AND TAXES

GROSS EARNINGS	12832.96
FEDERAL TAX	1584.55
F.I.C.A.	959.50
STATE TAX	575.92
OTHER COMP.	.20
NON-TAX INCOME	804.32
EARNED INC. CRED.	.00

YEAR TO DATE GROSS EARNINGS PLUS OTHER COMPENSATION
LESS NON-TAXABLE INCOME EQUAL TAXABLE GROSS.

CURRENT PERIOD EARNINGS AND DEDUCTIONS

SOCIAL SECURITY NO.	BASE PAY	OVERTIME PAY	LUMP SUM	ADDITIONAL GROSS	GROSS EARNINGS
***-**-6713	2147.50	.00	.00	.00	2147.50
DEDUCTIONS:					
FEDERAL TAX	266.15	STATE TAX	96.23	FICA	160.58
RETIREMENT	85.90	OP HLTH INS	48.50	IW OFFSET	384.66

NOTE:
*GROSS PAY INCREASED BY THIS AMOUNT

TOTAL DEDUCTIONS	1042.02
EARNED INC. CRED.	.00
NET PAY	1105.48

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	PAYROLL	PROCEDURE - PAGE NO. 23.30.20 1 of 1
SUB-SECTION	OUTPUT REPORT PROCEDURES	EFFECTIVE DATE July 1, 2011
PROCEDURE	WARRANT REGISTER FICHE	REVISION NUMBER 12-001

AGENCY RETURN TAPE

PURPOSE

Agency Return Tapes/FTP's are provided to agencies upon request. The purpose of the tape/FTP is to provide an audit trail of warrants issued and a means of responding to questions from employees.

DISTRIBUTION

The Agency Return Tapes are available for pickup on the same day the warrants and Earnings Statements are available. All Agency Return FTP's are sent to Central Management Services.

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	PAYROLL	PROCEDURE - PAGE NO. 23.30.50 1 of 3
SUB-SECTION	OUTPUT REPORT PROCEDURES	EFFECTIVE DATE January 1, 2011
PROCEDURE	WAGE AND TAX STATEMENT - FORM W-2	REVISION NUMBER 11-002

WAGE AND TAX STATEMENT - FORM W-2 (Exhibit 23.30.50-A)

PURPOSE

The wage and tax statement, Form W-2, provides employees with information concerning their earnings in the previous calendar year.

FREQUENCY

Forms W-2 are printed annually and are distributed no later than January 31. Duplicate W-2's are available upon request.

DISTRIBUTION

Forms W-2 are mailed to the employee's home address using the mailing address shown on the Federal W-4 card or the address submitted on an address magnetic tape/FTP by the agency. (Exhibit 23.30.50-A, Page 2 of 2)

CONTENTS

1. Wages, tips, other compensation

This is the total wages paid during the year less any nontaxable or deferred income.

2. Federal income tax withheld

This is the total federal income tax withheld during the year.

3. Social security wages

This is the total wages subject to the Social Security tax paid during the year.

4. Social security tax withheld

This is the total Social Security tax withheld on the wages in box 3.

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION PAYROLL

PROCEDURE - PAGE NO.
23.30.50 2 of 3

SUB-SECTION OUTPUT REPORT PROCEDURES

EFFECTIVE DATE
January 1, 2014

PROCEDURE WAGE AND TAX STATEMENT FORM W-2

REVISION NUMBER
14-002

5. Medicare wages and tips

This is the total wages subject to the medicare tax paid during the year.

6. Medicare tax withheld

This is the total medicare tax withheld on the wages in box 5.

7. and 8. Not applicable.

9. Advance EIC payment– Expired effective 12/31/2010

This is the total advance Earned Income Credit the employee received during the year.

10. Dependent care benefits

This is the total dependent care deductions made from the employee's pay.

11. Not applicable

12. a), b), c) and d)

Any amount included in this box will be preceded by a letter code such as C, E, G etc.
See the insert included with the W-2 for an explanation of the codes.

13. The "Pension Plan" box will be checked if:

- a) The employee contributed to a retirement system and/or
- b) The employer made retirement contributions to a retirement system on behalf of the employee

14. Other Benefits Included in Box 1 – this would include such items as vehicle usage.

15. State

Indicates the state or states for which the employee had taxes withheld.

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION PAYROLL

PROCEDURE - PAGE NO.

23.30.50 3 of 3

SUB-SECTION OUTPUT REPORT PROCEDURES

EFFECTIVE DATE

July 1, 2002

PROCEDURE WAGE AND TAX STATEMENT FORM W-2

REVISION NUMBER

03-001

16. State Wages, Tips, etc.

Total wages reported to the state(s) Department(s) of Revenue. (The total of this box should equal the amount in box 1.)

17. State Income Tax

Total state income tax withheld from the employee's pay.

18., 19., and 20. Not applicable.

a Control number 87883		OMB No. 1545-0008	
b Employer's identification number 37-600 2057		1 Wages, tips, other compensation 25069.57	2 Federal income tax withheld 1520.52
c Employer's name, address, and ZIP code STATE OF ILLINOIS 69-0330001 COMPTRROLLER WITHHOLDING AGENT SPRINGFIELD, ILLINOIS 62706		3 Social security wages 25069.57	4 Social security tax withheld 1554.33
		5 Medicare wages and tips 25069.57	6 Medicare tax withheld 363.47
		7 Social security tips	8 Allocated tips
d Employee's social security number 875-48-7554		9 Advance EIC payment .00	10 Dependent care benefits .00
e Employee's name, address, and ZIP code BIB OVERALLS 123 HAMMER ROAD CARPENTER CITY IL 69877		11 Nonqualified plans .00	12a See instructions for box 12 .00
		13 Statutory employee Retirement plan Third party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	12b .00
		14 Other Benefits included in Box 1 .00	12c .00
			12d .00
15 State IL	Employer's state ID. No. 37-600 2057	16 State wages, tips, etc. 25069.57	17 State income tax 537.26
		18 Local wages, tips, etc.	19 Local income tax
		20 Locality name	

Form W-2 Wage and Tax Statement 2001
Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

Department of the Treasury-Internal Revenue Service

a Control number 87883		OMB No. 1545-0008		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.			
b Employer's identification number 37-600 2057		1 Wages, tips, other compensation 25069.57	2 Federal income tax withheld 1520.52				
c Employer's name, address, and ZIP code STATE OF ILLINOIS 69-0330001 COMPTRROLLER WITHHOLDING AGENT SPRINGFIELD, ILLINOIS 62706		3 Social security wages 25069.57	4 Social security tax withheld 1554.33				
		5 Medicare wages and tips 25069.57	6 Medicare tax withheld 363.47				
		7 Social security tips	8 Allocated tips				
d Employee's social security number 875-48-7554		9 Advance EIC payment .00	10 Dependent care benefits .00				
e Employee's name, address, and ZIP code BIB OVERALLS 123 HAMMER ROAD CARPENTER CITY IL 69877		11 Nonqualified plans .00	12a See instructions for box 12 .00				
		13 Statutory employee Retirement plan Third party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	12b .00				
		14 Other Benefits included in Box 1 .00	12c .00				
			12d .00				
15 State IL	Employer's state ID. No. 37-600 2057	16 State wages, tips, etc. 25069.57	17 State income tax 537.26	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement 2001
Copy C For EMPLOYEE'S RECORDS (See Enclosed Notice)

Department of the Treasury-Internal Revenue Service

a Control number 87883		OMB No. 1545-0008					
b Employer's identification number 37-600 2057		1 Wages, tips, other compensation 25069.57	2 Federal income tax withheld 1520.52				
c Employer's name, address, and ZIP code STATE OF ILLINOIS 69-0330001 COMPTRROLLER WITHHOLDING AGENT SPRINGFIELD, ILLINOIS 62706		3 Social security wages 25069.57	4 Social security tax withheld 1554.33				
		5 Medicare wages and tips 25069.57	6 Medicare tax withheld 363.47				
		7 Social security tips	8 Allocated tips				
d Employee's social security number 875-48-7554		9 Advance EIC payment .00	10 Dependent care benefits .00				
e Employee's name, address, and ZIP code BIB OVERALLS 123 HAMMER ROAD CARPENTER CITY IL 69877		11 Nonqualified plans .00	12a See instructions for box 12 .00				
		13 Statutory employee Retirement plan Third party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	12b .00				
		14 Other Benefits included in Box 1 .00	12c .00				
			12d .00				
15 State IL	Employer's state ID. No. 37-600 2057	16 State wages, tips, etc. 25069.57	17 State income tax 537.26	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement 2001
Copy B To Be Filed With Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service

Department of the Treasury-Internal Revenue Service

07-002
OVERALLS BIB

087883

123 HAMMER ROAD
CARPENTER CITY IL 69877

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	PAYROLL	PROCEDURE - PAGE NO.
		23.40.10 1 of 3
SUB-SECTION	CONTROL PROCEDURES	EFFECTIVE DATE
		January 1, 2011
PROCEDURE	PAYROLL VOUCHER AUDIT PROCEDURES	REVISION NUMBER
		11-002

PAYROLL VOUCHER AUDIT PROCEDURES

PURPOSE

The objective of this procedure is to insure that the payroll vouchers submitted to the Comptroller's Office comply with the requirements specified in the [Comptroller Act](#) and the State [Salary and Annuity Withholding Act](#). Vouchers are also audited to insure that they crossfoot and balance.

TIMING REQUIREMENTS

Payroll vouchers are audited and balanced prior to issuing warrants. Vouchers are due from agencies at 9 a.m. four (4) working days prior to the scheduled pay date to balance, audit, issue and distribute warrants.

BALANCING OR VERIFICATION STEPS

The Comptroller's Office audits each payroll voucher in the following manner. Agencies should, therefore, insure that their vouchers meet these criteria in order to protect themselves against vouchers being returned or delayed.

1. Certifications

The Comptroller's Office verifies that all payroll vouchers are certified by an authorized individual at the agency and approved by the Department of Central Management Services whenever applicable. Vouchers without proper certifications may be returned to the agency.

2. Voucher Input Tapes

Agencies must submit a magnetic tape/FTP with the payroll voucher in the proper format. Magnetic tapes that are unreadable, are not in balance or do not reconcile to the voucher or distribution schedule may be returned to the agency with the voucher.

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	PAYROLL	PROCEDURE - PAGE NO.
SUB-SECTION	CONTROL PROCEDURES	23.40.10 2 of 3
PROCEDURE	PAYROLL VOUCHER AUDIT PROCEDURES	EFFECTIVE DATE July 1, 2002 REVISION NUMBER 03-001

3. Crossfoot and Balancing Verification

The voucher tape will be audited to insure that gross earnings minus all deductions plus Earned Income Credit equals net pay. The sum of all deductions for a vendor and accounting code must equal the trailer record for that particular vendor and accounting code. In addition, the sum of the numeric fields in the employees' records must equal the voucher total record. Errors may result in the voucher and tape being returned to the agency for correction.

4. Valid Accounting Codes

The voucher distribution schedule will be audited to insure that accounting codes charged from this voucher are in fact valid account numbers. Discrepancies must be reconciled before warrants are printed. Since account numbers are in each record of the voucher input tape, errors will often result in the requirement for a new magnetic tape.

5. Fund Sufficiency Check

Each account charged from a voucher, including FICA or Medicare and Retirement accounts, will be checked to insure that there are sufficient fund and appropriation balances to pay the amount specified. Warrants will not be printed until there is a sufficient balance for each account number on the voucher.

6. Income Tax Verification

Each employee's record will be audited to insure that the minimum Federal and State income tax has been withheld from the employee's gross amount earned. Errors must be reconciled with the agency although corrections can often be made after warrants are generated.

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION PAYROLL

PROCEDURE - PAGE NO.
23.40.10 3 of 3

SUB-SECTION CONTROL PROCEDURES

EFFECTIVE DATE
January 1, 2011

PROCEDURE PAYROLL VOUCHER AUDIT PROCEDURES

REVISION NUMBER
11-002

RESOLUTION OF DISCREPANCIES

All errors must be corrected by the agency. The Comptroller's Office does not have the authority to make changes to the payroll voucher, voucher distribution schedule or the voucher input tape/FTP.

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	PAYROLL	PROCEDURE - PAGE NO.
		23.40.20 1 of 1
SUB-SECTION	CONTROL PROCEDURES	EFFECTIVE DATE
		July 1, 2002
PROCEDURE	WARRANT AND EARNINGS STATEMENT	REVISION NUMBER
	DISTRIBUTION PROCEDURES	03-001

WARRANT AND EARNINGS STATEMENT DISTRIBUTION PROCEDURES

PURPOSE

This procedure monitors the printing and distribution of employee payroll warrants and direct deposit earnings statements.

BALANCING OR VERIFICATION

The Comptroller's Office is responsible for verifying that warrants are printed correctly and obtaining the counter-signature of the Treasurer.

DISTRIBUTION

The Comptroller's Office releases payroll warrants and direct deposit earnings statements to State agencies two working days prior to the scheduled pay date to allow for mail distribution. Agencies are responsible for delivering the payroll warrants or earnings statements to the employees. With the exception of terminating employees, **warrants not mailed must be held by the employing agency and distributed no earlier than the scheduled pay date.**

Employees who are on direct deposit will have their net earnings credited to their account on the scheduled pay date.

DISPOSITION OF ERRORS

Undeliverable warrants must be returned to the Comptroller's Office according to the procedures prescribed in [Section 10.08 of the Comptroller Act](#).

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	PAYROLL	PROCEDURE - PAGE NO. 23.50.10 1 of 4
SUB-SECTION	SUPPLEMENTAL PROCEDURES AND REFERENCES	EFFECTIVE DATE July 1, 2002
PROCEDURE	ADDITIONAL PROCEDURES	REVISION NUMBER 03-001

ADDITIONAL PROCEDURES

DETERMINATION OF PAYROLLS AND PAY CODES

Each payroll must have a unique pay code. Agencies must request in writing the assignment of a pay code. The request must contain the title of the payroll, if it is code or non-code and the date on which it is to be paid. All changes to payroll titles must be approved by the Comptroller's Office.

A payroll is defined as a group of employees from an agency that are paid on the same pay schedule and appear on the same voucher. Since there can be multiple appropriations on a magnetic tape payroll voucher, as long as each employee is charged to only one account, agencies have a great deal of flexibility in determining how many payrolls they should have. Payroll codes are assigned by the Comptroller's Office and must appear on each payroll voucher for employees that are assigned to that payroll. Pay codes consist of a two-digit agency identifier and a three-digit payroll identifier.

SUPPLEMENTARY PAYROLLS

The use of supplemental or "emergency" payrolls to pay employees omitted or processed incorrectly on the regular voucher should be minimized and will require the approval of the Comptroller's payroll section. Supplemental payrolls should be assigned the same pay code as normally used for that group of employees and must be marked "Supplemental."

INQUIRY PROCEDURE

The Comptroller's Office will maintain a master file on all employees paid from State funds and will endeavor to respond to all bonafide requests for information on a timely basis. This information may be requested by writing or calling the payroll section. Most questions can be answered immediately through the use of the Comptroller's teleprocessing inquiry system.

FISCAL YEAR CUT-OFFS

Payroll vouchers (or warrants) may not be split between fiscal years. Therefore, bi-weekly pay periods which overlap fiscal years will require two vouchers. Payments from the previous year appropriations can be made throughout the lapse period; although these payments must be for previous fiscal year earnings and must appear on a separate voucher.

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	PAYROLL	PROCEDURE - PAGE NO. 23.50.10 2 of 4
SUB-SECTION	SUPPLEMENTAL PROCEDURES AND REFERENCES	EFFECTIVE DATE January 1, 2011
PROCEDURE	ADDITIONAL PROCEDURES	REVISION NUMBER 11-002

TRANSFERRED EMPLOYEES

Employees transferring from one agency to another agency necessitate the submission of new source documents. Employees transferring from one payroll to another payroll within an agency do not require new source documents. However, the payroll voucher should identify this change.

NEW EMPLOYEES

Source documents (W-4 cards, tax-sheltered annuity agreements and voluntary deduction authorization cards) must be submitted for all new employees prior to the first payroll upon which the employee appears. An employee status code of four (4), indicating that this is a new employee, and the effective date should be entered on the payroll voucher tape.

TERMINATED EMPLOYEES

No source documents are required. Terminated employees will be identified by entering a one (1) in the employee status code field of the payroll voucher. After W-2's are printed, employees identified as terminated and employees with no activity in the previous calendar year will be removed from the Comptroller's Master Payroll File.

MULTIPLE WARRANT PROCEDURE

Employees paid simultaneously from multiple appropriations (accounting codes) will receive multiple payroll warrants in a pay period because one warrant cannot be charged to more than one account. The employee's warrant stub will reflect total earnings and taxes withheld. However, the Comptroller's system will only verify that the minimum taxes for the earnings reflected on a particular warrant have been withheld. It is the agency's responsibility to determine whether the sum of the Federal tax withholdings from each warrant meets minimum Federal requirements for the total earnings paid the employee.

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	PAYROLL	PROCEDURE - PAGE NO. 23.50.10 3 of 4
SUB-SECTION	SUPPLEMENTAL PROCEDURES AND REFERENCES	EFFECTIVE DATE July 1, 2014
PROCEDURE	ADDITIONAL PROCEDURES	REVISION NUMBER 15-001

DEDUCTION CORRECTION PROCEDURE

Erroneous deduction amounts can be corrected by debiting or crediting the employee's record on a subsequent voucher, as long as a sufficient balance remains in the deduction trailer record to offset negative entries (corrections for over-payments). This procedure should not be used to recover retirement or credit union adjustments. Corrections resulting from voided warrants or warrants generated for the wrong amount should be corrected through the salary refund system.

AUTHORIZED DEDUCTION COMPANY APPROVAL

Approval to deduct earnings from an employee's gross pay for a new vendor (insurance company, credit union, etc.) must be obtained from the Comptroller's Office by written request from that vendor. Upon approval, the Comptroller's Office will assign a payee code (actual code), also known as a miscellaneous deduction code, to be used for further processing.

TRAILER RECORD PAYMENTS

The Comptroller's Office will make all payments for deductions withheld from employee earnings. CD/Transmittal lists will be sent to the payee with the warrants or mailed separately if deductions are electronically transmitted.

RECIPROCAL TAXES

An employee who is a resident of Iowa, Kentucky, Michigan, or Wisconsin should not have Illinois income tax withheld from compensation even though that compensation may be paid in Illinois. Under reciprocal agreements negotiated between Illinois and those states, compensation paid to residents of those states is exempt from Illinois withholding. Such employees must file Form IL-W-5NR (a declaration of their residence in Iowa, Kentucky, Michigan, or Wisconsin) with the employing agency to be entitled to this exemption. See Procedure 23.20.10. Employees from reciprocal states who have filed Form IL-W-5NR should have their state withholding tax amount calculated using that state's tax formula or table. Employees from states other than the ones cited above or residents of reciprocal States who have not filed Form IL-W-5NR must have their withholding calculated using the State of Illinois formula.

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	PAYROLL	PROCEDURE - PAGE NO. 23.50.10 4 of 4
SUB-SECTION	SUPPLEMENTAL PROCEDURES AND REFERENCES	EFFECTIVE DATE July 1, 2002
PROCEDURE	ADDITIONAL PROCEDURES	REVISION NUMBER 03-001

NONRESIDENT ALIENS

Salaries, wages, or any other compensation for the personal services of a nonresident alien employee performed in the United States are generally subject to withholding in the same manner as wages paid to a U.S. citizen; however, many tax treaties provide at least a partial exemption from tax for labor or personal services performed in the United States by a qualifying individual. The employee must provide the employer with a statement to claim a treaty exemption from withholding. Details of the statement content can be found in [IRS Publication 515](#), *Withholding of Tax on Nonresident Aliens and Foreign Corporations*.

Special instructions for completing Form W-4 must be given to nonresident aliens. See Procedure 23.20.05.

Compensation paid to a nonresident alien employee (other than a resident of Puerto Rico) for services performed outside the United States is not considered wages and not subject to withholding. If the personal services are performed partly in the United States and partly outside of the United States, an allocation of income for services performed in the United States must be made.

Payments subject to federal withholding are considered compensation paid in Illinois and subject to Illinois withholding.

SOCIAL SECURITY NUMBER CORRECTIONS

When the Social Security Number on file in the Comptroller's Office is incorrect (and the employee has been paid under the incorrect number), the agency must submit a letter to the Comptroller's Office stating the incorrect Social Security Number, the correct Social Security Number, the employee's name and the pay code for the employee.

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	PAYROLL	PROCEDURE - PAGE NO. 23.50.20 1 of 2
SUB-SECTION	SUPPLEMENTAL PROCEDURES AND REFERENCES	EFFECTIVE DATE July 1, 2001
PROCEDURE	DEATH BENEFIT PROCEDURE	REVISION NUMBER 02-001

DEATH BENEFIT PROCEDURE

30 ILCS 105/14a states in part, "The State Comptroller shall draw a warrant or warrants against the appropriation, upon receipt of a proper death certificate, payable to decedents' estate..."

The procedure for preparing a death benefit payroll and calculating accrued vacation pay is described below.

30 ILCS 105/14a of the State Finance Act, Illinois Revised Statutes, permits the payment of accrued vacation pay due a State employee at the time of death. The Act states:

"(a) Upon the death of a State employee his or her estate is entitled to receive from the appropriation for personal services available for payment of his or her compensation such sum for accrued vacation period, accrued overtime, and accrued qualifying sick leave as would have been paid or allowed to such employee had he or she survived and terminated his or her employment.

The State Comptroller shall draw his warrant or warrants against the appropriation, upon receipt of a proper death certificate, payable to decedent's estate, or if no estate is opened, to the person or persons entitled thereto under Section 25-1 of the Probate Act of 1975 upon receipt of the affidavit referred to in that Section, for the sum due.

(b) The Department of Central Management Services shall prescribe by rule the method of computing the accrued vacation period and accrued overtime for all employees, including those not otherwise subject to its jurisdiction, and for the purposes of this Act the Department of Central Management Services may require such reports as it deems necessary. Accrued sick leave shall be computed as provided in subsection (f)."

VOUCHERING PROCEDURES

1. If the payment is made in the same year the employee died and the employee was subject to Social Security or Medicare withholding, the payment should be made on the regular payroll voucher using the employee's name and Social Security number. The only withholdings to be made will be for Social Security or Medicare and, if

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	PAYROLL	PROCEDURE - PAGE NO. 23.50.20 2 of 2
SUB-SECTION	SUPPLEMENTAL PROCEDURES AND REFERENCES	EFFECTIVE DATE July 1, 2006
PROCEDURE	DEATH BENEFIT PROCEDURE	REVISION NUMBER 07-001

applicable, retirement. Social Security or Medicare should be withheld on the entire payment to the extent that it does not exceed the maximum allowable withholding. Retirement is generally withheld only on accrued wages and overtime, however, you should contact the applicable Retirement System to determine what portion of the payment, if any, is subject to retirement.

If the deceased employee was not subject to FICA or Medicare or the payment is made in a subsequent year, the payment must be made on a C-13 Invoice Voucher.

If the payment is made directly to an heir(s), the vendor number must be the heir's TIN (Taxpayer Identification Number). If the payment is made to the decedent's estate, the vendor number must be the TIN of the estate if one has been established. If the estate has not established a TIN, use the decedent's TIN. In the case of a university employee, where a contribution to the University Retirement System is required, that portion of the payment must cite vendor number 100069301.

A detailed explanation of the payment must be made in box 10 of voucher form C-13. At a minimum the information must include the deceased employee's name, social security number, payroll code, the type and number of days or hours being paid and the daily or hourly rate of pay. The obligation reference must be "00" and the detail object code will be 1121. The rest of the voucher would be completed in the normal manner. One copy of the death certificate and one copy of the proof of heirship, such as a Small Estate Affidavit must be attached to the original (Comptroller's copy) of the C-13 voucher. Other certified documents which may accompany the voucher and death certificate are letters of office, letters testamentary or letters of administration. These documents will remain attached to the original voucher copy and retained on file in the Comptroller's Office.

First Appellate District Honorable Nathan R. Hamilton

BENTON SALLY 07/16/14 07/31/14
Appellate Court Judicial Secretary

MINER ANDREA 07/01/14 07/31/14
Appellate Court Law Clerk

WILLIAMS HARRY 07/01/14 07/31/14
Appellate Court Law Clerk

HAMILTON NATHAN R 07/01/14 07/31/14
Elected Judge of Appellate Court

Judicial Branch member(s) listed for the pay period identified received full pay unless otherwise noted below the member's name. If a discrepancy exists, please note in the space provided: _____

To the best of my knowledge, I certify that Judicial Branch member(s) were entitled to full pay unless otherwise noted for the pay period identified.

Authorized Signature

Date

Please sign and date this document and return it to the Administrative Office Payroll/Benefits Unit, 3101 Old Jacksonville Rd., Springfield, Il 62704 by 08/07/14.

Invoice Voucher

**Admin Office of Illinois Courts
3101 Old Jacksonville Road
Springfield, Illinois 62704-6488**

Name and Location of State Agency or Institution

PAYMENT OF INTEREST MAY BE AVAILABLE IF THE STATE FAILS TO COMPLY WITH THE STATE PROMPT PAYMENT ACT, 30 ILCS 540.	2. Taxpayer Identification Number <p style="text-align: center;">1000416256279199</p>	4. Voucher No. <u>11</u> 5. Voucher Date <u>7/31/2014</u>
	3. Vendor or Payee LAST NAME FIRST NAME MIDDLE INITIAL OR BUSINESS NAME <p style="text-align: center;">Group Insurance Premium Fund A & R Shared Services Center Stratton Building P O Box 7199 Springfield, IL 62791-7199</p>	6. Appropriation Account Code <p style="text-align: center;">262-20101-1900-0200</p>
		7. Invoice Number _____ 8. Invoice Date _____

10. Indicate beginning and ending date of service and GAAP Code. Give complete description of articles/services rendered or attach itemized vendor invoice.	11. Quantity	12. Units	13. Unit Price	14. Amount
Group Insurance Reimbursement for the pay period 07/16/14-07/31/14 Pay Code: 08-022 Cook County (1 Member)				\$427 89
Paid from lump sum Mandatory Arbitration Appropriation # 262-20101-1900-0200				

18. Exp. Obj.	19. Exp. Amount	20. CFDA No.	22. Obligation No.	23. Payment Amount	15. Subtotal	14. Amount
1180	\$427 89			\$427.89	\$427 89	
21. Total Exp.	\$427 89		24. Total Payment Amount	\$427.89	17. Total Amount	\$427 89

25. For Agency Use Only Approved for Payment <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 30%;">Receiving Officer</td> <td style="border: none; width: 20%;">Date</td> <td style="border: none; width: 50%;">Clerk</td> </tr> <tr> <td style="border: none;">Head of Unit or Authorized Agent</td> <td style="border: none;">Date</td> <td style="border: none;">Date</td> </tr> </table>	Receiving Officer	Date	Clerk	Head of Unit or Authorized Agent	Date	Date	Certification of Receiving Agency I certify that the goods or services specified on this voucher were for the use of this agency and that the expenditure for such goods or services was authorized and lawfully incurred, that such goods or services meet all the required standards set forth in the purchase agreement or contract to which this voucher relates; and that the amount shown on this voucher is correct and approved for payment. If applicable, the reporting requirements of section 5.1 of the Governor's Office of Management and Budget Act have been met.
Receiving Officer	Date	Clerk					
Head of Unit or Authorized Agent	Date	Date					
	Agency Head (Signature)						

Department of Central Management Services
Bureau of Benefits
Group Insurance Division

FY2015 Reimbursement Worksheet

Agency Name: Supreme Court

Pay Period – Beginning Date: 07 / 16 / 14 Ending Date: 07 / 31 / 14

Appropriation Account Code

No: 262 - 20101 - 1900 - 0200 -

Pay Code: 08-022

(One worksheet is required per pay code.)

<u>Health & Dental Insurance Combined</u>	<u>Number of Employees</u>		<u>Semi-monthly Rate</u>	<u>Reimbursement Payment</u>	<u>Total</u>	
Quality Care Plan						
Member Only	_____	x	\$519.19	=	<u>\$0.00</u>	
Member & 1 Dependent	_____	x	\$787.48	=	<u>\$0.00</u>	
Member & 2 or more Dependents	_____	x	\$761.39	=	<u>\$0.00</u>	
HMO Plans / Open Access Plan / Quality Care w/o access						
Member Only	1	x	\$417.71	=	<u>\$ 417.71</u>	
Member & 1 Dependent	_____	x	\$580.15	=	<u>\$0.00</u>	
Member & 2 or more Dependents	_____	x	\$718.27	=	<u>\$0.00</u>	
				(A)	<u>\$ 417.71</u>	
 <u>Health Insurance Only</u>						
Quality Care Plan						
Member Only	_____	x	\$510.73	=	<u>\$0.00</u>	
Member & 1 Dependent	_____	x	\$770.56	=	<u>\$0.00</u>	
Member & 2 or more Dependents	_____	x	\$729.93	=	<u>\$0.00</u>	
HMO Plans / Open Access Plan / Quality Care w/o access						
Member Only	_____	x	\$409.25	=	<u>\$0.00</u>	
Member & 2 or more Dependents	_____	x	\$683.81	=	<u>\$0.00</u>	
Semi-Monthly Health Only Insurance Reimbursement					(B)	<u>\$ 0.00</u>
Life (Member Only*)	1	x	\$10.18	=	<u>\$ 10.18</u>	
Semi-Monthly G.I. Reimbursement					(A and/or B + C)	<u>\$ 427.89</u>

*Each person, including part time employees, are counted as a whole person.

**Supreme Court of Illinois Courts
Administrative Office of the Illinois Courts
Payroll/Human Resources Application Requirements**

Appropriation Database

- ✚ System must store multiple FYs which are associated with multiple appropriation codes which are tied to payroll codes and funding ([Attachment F](#)).

FY2015 APPROPRIATIONS

Paycode	Purpose	Appropriation Number	Pay Frequency
08-001	Supreme Court Personal Services	001-20101-1900-9900 1120	Semi-Monthly
	Supreme Court Retirement	N/A	
	Supreme Court Social Security	001-20101-1900-9900 1170	
	Retirement Pickup	001-20101-1900-9900 1129	
08-022	Cook County Mandatory Arbitration Fund	262-20101-1900-0200 1120	Semi-Monthly
	Mandatory Arbitration Fund Retirement	262-20101-1900-0200 1161	
	Mandatory Arbitration Fund Social Security	262-20101-1900-0200 1170	
	Mand Arb Fund Retirement Pickup	262-20101-1900-0200 1129	
08-104	Administrative Office of Illinois Courts	001-20101-1900-9900 1120	Semi-Monthly
	Admin Office Retirement	N/A	
	Admin Office Social Security	001-20101-1900-9900 1170	
	Retirement Pickup	001-20101-1900-9900 1129	
08-112	Mandatory Arbitration (GRF)	001-20101-1900-9900 1120	Semi-Monthly
	Mandatory Arbitration Retirement	N/A	
	Mandatory Arbitration Social Security	001-20101-1900-9900 1170	
	Retirement Pickup	001-20101-1900-9900 1129	
08-121	1st Appellate District Personal Services	001-20101-1900-9900 1120	Semi-Monthly
	1st Appellate District Retirement	N/A	
	1st Appellate District Social Security	001-20101-1900-9900 1170	
	Retirement Pickup	001-20101-1900-9900 1129	
08-064	1st Appellate District Personal Services	001-20101-1900-9900 1120	Monthly
	1st Appellate District Retirement	N/A	
	1st Appellate District Social Security	001-20101-1900-9900 1170	
	Retirement Pickup	001-20101-1900-9900 1129	
08-126	2nd Appellate District Personal Services	001-20101-1900-9900 1120	Semi-Monthly
	2nd Appellate District Retirement	N/A	
	2nd Appellate District Social Security	001-20101-1900-9900 1170	
	Retirement Pickup	001-20101-1900-9900 1129	
08-065	2nd Appellate District Personal Services	001-20101-1900-9900 1120	Monthly
	2nd Appellate District Retirement	N/A	
	2nd Appellate District Social Security	001-20101-1900-9900 1170	
	Retirement Pickup	001-20101-1900-9900 1129	
08-125	3rd Appellate District Personal Services	001-20101-1900-9900 1120	Semi-Monthly
	3rd Appellate District Retirement	N/A	
	3rd Appellate District Social Security	001-20101-1900-9900 1170	
	Retirement Pickup	001-20101-1900-9900 1129	

FY2015 APPROPRIATIONS

Paycode	Purpose	Appropriation Number	Pay Frequency
08-066	3rd Appellate District Personal Services	001-20101-1900-9900 1120	Monthly
	3rd Appellate District Retirement	N/A	
	3rd Appellate District Social Security	001-20101-1900-9900 1170	
	Retirement Pickup	001-20101-1900-9900 1129	
08-135	4th Appellate District Personal Services	001-20101-1900-9900 1120	Semi-Monthly
	4th Appellate District Retirement	N/A	
	4th Appellate District Social Security	001-20101-1900-9900 1170	
	Retirement Pickup	001-20101-1900-9900 1129	
08-067	4th Appellate District Personal Services	001-20101-1900-9900 1120	Monthly
	4th Appellate District Retirement	N/A	
	4th Appellate District Social Security	001-20101-1900-9900 1170	
	Retirement Pickup	001-20101-1900-9900 1129	
08-145	5th Appellate District Personal Services	001-20101-1900-9900 1120	Semi-Monthly
	5th Appellate District Retirement	N/A	
	5th Appellate District Social Security	001-20101-1900-9900 1170	
	Retirement Pickup	001-20101-1900-9900 1129	
08-068	5th Appellate District Personal Services	001-20101-1900-9900 1120	Monthly
	5th Appellate District Retirement	N/A	
	5th Appellate District Social Security	001-20101-1900-9900 1170	
	Retirement Pickup	001-20101-1900-9900 1129	
08-303	Judicial Support to Chief Circuit Judges	001-20101-1900-9900 1120	Semi-Monthly
	Circuit Court Retirement	N/A	
	Circuit Court Social Security	001-20101-1900-9900 1170	
	Retirement Pickup	001-20101-1900-9900 1129	
08-062	Admin Assistants to Chief Circuit Judges	001-20101-1900-9900 1120	Monthly
	Circuit Court Retirement	N/A	
	Circuit Court Social Security	001-20101-1900-9900 1170	
	Retirement Pickup	001-20101-1900-9900 1129	
08-014	Circuit Judges Assigned to Appellate Court	001-20101-1900-9900 1117	Monthly
	Judges Social Security	001-20101-1900-9900 1170	
08-060	Elected Judges of the Appellate Court	001-20101-1900-9900 1117	Monthly
	Judges Social Security	001-20101-1900-9900 1170	
08-061	Appointed Judges of the Appellate Court	001-20101-1900-9900 1117	Monthly
	Judges Social Security	001-20101-1900-9900 1170	

FY2015 APPROPRIATIONS

Paycode	Purpose	Appropriation Number	Pay Frequency
08-099	Retired Recalled Judges Judges Social Security	001-20101-1900-9900 1117 001-20101-1900-9900 1170	Monthly
08-113	Circuit & Associate Judges Judges Social Security	001-20101-1900-9900 1117 001-20101-1900-9900 1170	Monthly
08-201	Supreme Court Justices Judges Social Security	001-20101-1900-9900 1117 001-20101-1900-9900 1170	Monthly
08-997	4th Appellate District, Contractual Payroll 4th Appellate District Social Security	001-20101-1900-9900 1145 001-20101-1900-9900 1175	Monthly
08-777	Circuit Clerk Stipends	001-20101-1900-9900 4471	Annually

**Supreme Court of Illinois Courts
Administrative Office of the Illinois Courts
Payroll/Human Resource Application Requirements**

Position Database

- ✚ Position allocation codes are created and assigned to full-time or part-time judicial branch employees, contractual service employees, or any individual who receives an annual stipend ([Attachment K](#)).
- ✚ Must be able to track employee to position and position to employee.
- ✚ Must track any change to a position and tie it back to the original position. Such as a change in title, grade, location, or any field within the position allocation code.

Administrative Office of the Illinois Courts

Position Allocation Code Number

Components of the Position Allocation Code

1	2 3	4 5	6 7 8	9 10 11 12	13 14 15
Court Code	District, Circuit Code, or Administrative Office Division	Judge, Subcircuit or Unit/Division Code	Location Code	Class Code	Position Number (sequential)

Each existing position of the Judicial Branch has been assigned a Position Allocation Code (PAC) Number. The position allocation code is composed of 15 alpha/numeric characters. The definition of the characters codes are identified within the following tables:

- The first alpha character represents the court in which the position serves.

Table of Court Codes:

<u>Code:</u>	<u>Description:</u>
S	- Supreme Court
A	- Appellate Court
C	- Circuit Court

- Together, the second and third alpha/numeric characters represent the district, circuit, or Administrative Office Division in which the position serves.

Table of District or Circuit Codes:

<u>Code:</u>	<u>Description:</u>
01 -05	- Appellate District
01 – 23	- Judicial Circuit
aa – oo	- Judicial Subcircuits
00 (zeros)	- Not Applicable
AO	- Administrative Office
CK	- Circuit Court of Cook County

- Together, the fourth and fifth alpha/numeric characters represent the judge or unit/division in which a position serves.

Table of Judge or Unit/Division Codes:

<u>Code:</u>	<u>Description:</u>	<u>Code:</u>	<u>Description:</u>
00 (zeros)	- Circuit/County Wide	hh	- 8th Judicial Subcircuit
aa	- 1st Judicial Subcircuit	ii	- 9th Judicial Subcircuit
bb	- 2nd Judicial Subcircuit	jj	- 10th Judicial Subcircuit
cc	- 3rd Judicial Subcircuit	kk	- 11th Judicial Subcircuit
dd	- 4th Judicial Subcircuit	ll	- 12th Judicial Subcircuit
ee	- 5th Judicial Subcircuit	mm	- 13th Judicial Subcircuit
ff	- 6th Judicial Subcircuit	nn	- 14th Judicial Subcircuit
gg	- 7th Judicial Subcircuit	oo	- 15th Judicial Subcircuit

Justices of the Supreme Court

<u>Code:</u>	<u>Description:</u>	<u>Code:</u>	<u>Description:</u>
91	-	96	- Justice Thomas
92	- Justice Freeman	97	- Justice Kilbride
93	-	98	- Chief Justice Garman
94	-	99	- Justice Karmeier
95	- Justice Theis	99	- Justice Burke

Administrative Office of the Illinois Courts

Position Allocation Code Number

Judges of the First District Appellate Court:

<u>Code:</u>	<u>Description:</u>	<u>Code:</u>	<u>Description:</u>
01	- Judge Howse, Jr	13	- Judge Hall
02	- Judge Simon	14	- Judge Taylor
03	- Judge Harris	15	- Judge Fitzgerald Smith
04	- Judge Epstein	16	- Judge Neville, Jr
05	- Judge McBride	17	- Judge Rochford
06	- Judge Delort	18	- Judge Lavin
07	- Judge Cunningham	19	- Judge Mason
08	- Judge Reyes	20	- Judge Hyman
09	- Judge Hoffman	21	- Judge Pierce
10	- Judge Puchinski	22	- Judge Palmer
11	- Judge Lampkin	23	- Judge Gordon
12	- Judge Connors	24	- Judge Liu

Judges of the Second District Appellate Court:

<u>Code:</u>	<u>Description:</u>	<u>Code:</u>	<u>Description:</u>
41	- Judge Burke	46	- Judge Hutchinson
42	- Judge Schostok	47	- Judge Spence
43	- Judge Jorgensen	48	- Judge Zenoff
44	- Judge McLaren	49	- Judge Hudson
45	- Judge Birkett		

Judges of the Third District Appellate Court:

<u>Code:</u>	<u>Description:</u>	<u>Code:</u>	<u>Description:</u>
61	- Judge Holdridge	65	- Judge McDade
62	- Judge Schmidt	66	- Judge Wright
63	- Judge O'Brien	67	- Judge Carter
64	- Judge Lytton		

Judges of the Fourth District Appellate Court:

<u>Code:</u>	<u>Description:</u>	<u>Code:</u>	<u>Description:</u>
71	- Judge Pope	75	- Judge Steigmann
72	- Judge Knecht	76	- Judge Appleton
73	- Judge Turner	77	- Judge Harris, Jr
74	- Judge Holder White		

Judges of the Fifth District Appellate Court

<u>Code:</u>	<u>Description:</u>	<u>Code:</u>	<u>Description:</u>
81	- Judge Chapman	85	- Judge Cates
82	- Judge Goldenhersh	86	- Judge Welch
83	- Judge Stewart	87	- Judge Spomer
84	- Judge Schwarm		

Administrative Office of the Illinois Courts

Position Allocation Code Number

Unit/Division Codes:

AS - Administrative Services Division	EO - Executive Office	MO - Marshal's Office
AS - Administrative Support	IA - Internal Audit	PS - Probation Services Division
BM - Building and Maintenance	JE - Judicial Education Division	RD - Reporter of Decisions
CJ - Civil Justice Division	JM - JMIS	SS - Springfield Security
CC - Clerk of Court	JS - Judicial Support	TC - Trial Court Services
CR - Court Reporting Services	LB - Library Services	TF - Third Floor
CS - Communications Services	LR - Legal Research	
CS - Court Services Division	MA - Mandatory Arbitration	XX - Circuit Clerk Stipend

Judicial Subcircuit Codes:

<u>Code:</u>	<u>Description:</u>	<u>Code:</u>	<u>Description:</u>	<u>Code:</u>	<u>Description:</u>
aa	- 1st Subcircuit	ff	- 6th Subcircuit	kk	- 11th Subcircuit
bb	- 2nd Subcircuit	gg	- 7th Subcircuit	ll	- 12th Subcircuit
cc	- 3rd Subcircuit	hh	- 8th Subcircuit	mm	- 13th Subcircuit
dd	- 4th Subcircuit	ii	- 9th Subcircuit	nn	- 14th Subcircuit
ee	- 5th Subcircuit	jj	- 10th Subcircuit	oo	- 15th Subcircuit

4. *Together, the sixth, seventh, and eighth alpha/numeric characters represent the position's location. Please note that the Payroll System changed and will only accept a 3 (three) character code.*

Table of Building Codes:

<u>Code:</u>	<u>Description:</u>	<u>Code:</u>	<u>Description:</u>	<u>Code:</u>	<u>Description:</u>
ES	- 118 W. Edwards	8SC	- 816 S. College	9SS	- 900 S. Spring
SS	- 840 S. Spring	8SS	- 850 S. Spring	925	- 925 S. Spring
MS	- 300 E. Menroe				

Table of City Codes:

<u>Code:</u>	<u>Description:</u>	<u>Code:</u>	<u>Description:</u>	<u>Code:</u>	<u>Description:</u>
Au	- Aurora	GC	- Granite City	Mor	- Morrison
Ba	- Batavia	Gu	- Gurnee	Nap	- Naperville
Bv	- Belleville	Hm	- Hamel	Nas	- Nashville
Bl	- Bloomington	Har	- Harrisburg	NAu	- North Aurora
Brv	- Bridgeview	Hb	- Hillsboro	Ot	- Ottawa
Cn	- Canton	Jo	- Joliet	OT	- Oakbrook Terrace
Ct	- Carterville	Kk	- Kankakee	Pa	- Paris
Ch	- Charleston	Ld	- Ladd	Pk	- Pekin
Cg	- Chicago	LF	- Lake Forest	Pe	- Peoria
Cv	- Collinsville	Lan	- Lanark	Pet	- Petersburg
CL	- Crystal Lake	Lb	- Libertyville	Pro	- Prophetstown
Dec	- Decatur	Ln	- Lincoln	Qu	- Quincy
Dia	- Diamond	Lom	- Lombard	Ric	- Richmond
Dnv	- Danville	LGv	- Long Grove	Rf	- Rockford
EM	- East Moline	Mc	- Macomb	RkI	- Rock Island
Ed	- Edwardsville	Mar	- Markam	SC	- St. Charles
El	- Elgin	Mr	- Marion	Sf	- Springfield
Elm	- Elmhurst	ML	- McLeansboro	Str	- Sterling
FH	- Fairview Heights	Mol	- Moline	SwN	- Swansea
Gv	- Geneva	Mon	- Monticello	Ur	- Urbana
GIC	- Glen Carbon	MV	- Mt. Vernon	Wk	- Waukegan
GnE	- Glen Ellyn	MTC	- Mt. Carroll	Wh	- Wheaton
Gl	- Glenview	Mth	- Monmouth	Wsk	- Woodstock
				XX	- No designated location

Administrative Office of the Illinois Courts

Position Allocation Code Number

Table of County Codes:

<u>Code:</u>	<u>County:</u>	<u>Circuit:</u>	<u>Code:</u>	<u>County:</u>	<u>Circuit:</u>	<u>Code:</u>	<u>County:</u>	<u>Circuit:</u>
001-	Adams	8th	035-	Hardin	2nd	069-	Morgan	7th
002-	Alexander	1st	036-	Henderson	9th	070-	Moultrie	6th
003-	Bond	3rd	037-	Henry	14th	071-	Ogle	15th
004-	Boone	17th	038-	Iroquois	21st	072-	Peoria	10th
005-	Brown	8th	039-	Jackson	1st	073-	Perry	20th
006-	Bureau	13th	040-	Jasper	4th	074-	Piatt	6th
007-	Calhoun	8th	041-	Jefferson	2nd	075-	Pike	8th
008-	Carroll	15th	042-	Jersey	7th	076-	Pope	1st
009-	Cass	8th	043-	JoDavie	15th	077-	Pulaski	1st
010-	Champaign	6th	044-	Johnson	1st	078-	Putnam	10th
011-	Christian	4th	045-	Kane	16th	079-	Randolph	20th
012-	Clark	5th	046-	Kankakee	21st	080-	Richland	2nd
013-	Clay	4th	047-	Kendall	23rd	081-	Rock Island	14th
014-	Clinton	4th	048-	Knox	9th	082-	St. Clair	20th
015-	Coles	5th	049-	Lake	19th	083-	Saline	1st
016-	Cook	Cook	050-	LaSalle	13th	084-	Sangamon	7th
017-	Crawford	5th	051-	Lawrence	2nd	085-	Schuyler	8th
018-	Cumberland	5th	052-	Lee	15th	086-	Scott	7th
019-	DeKalb	23rd	053-	Livingston	11th	087-	Shelby	4th
020-	DeWitt	6th	054-	Logan	11th	088-	Stark	10th
021-	Douglas	6th	055-	McDonough	9th	089-	Stephenson	15th
022-	DuPage	18th	056-	McHenry	22nd	090-	Tazewell	10th
023-	Edgar	5th	057-	McLean	11th	091-	Union	1st
024-	Edwards	2nd	058-	Macon	6th	092-	Vermillion	5th
025-	Effingham	4th	059-	Macoupin	7th	093-	Wabash	2nd
026-	Fayette	4th	060-	Madison	3rd	094-	Warren	9th
027-	Ford	11th	061-	Marion	4th	095-	Washington	20th
028-	Franklin	2nd	062-	Marshall	10th	096-	Wayne	2nd
029-	Fulton	9th	063-	Mason	8th	097-	White	2nd
030-	Gallatin	2nd	064-	Massac	1st	098-	Whiteside	14th
031-	Greene	7th	065-	Menard	8th	099-	Will	12th
032-	Grundy	13th	066-	Mercer	14th	100-	Williamson	1st
033-	Hamilton	2nd	067-	Monroe	20th	101-	Winnebago	17th
034-	Hancock	9th	068-	Montgomery	4th	102-	Woodford	11th

CIR- Serving Full Circuit

Administrative Office of the Illinois Courts

Position Allocation Code Number

5. *Together, the ninth, tenth, eleventh and twelfth numeric characters* represent the class code for all classified and unclassified judicial branch positions. If the position classification is graded on the Supreme Court's Compensation Schedule, a (G) will follow the title.

Table of Class Codes:

Code: Description:

0101 -	Receptionist (G)
0102	Office Assistant (G)
0105	Office Assistant 2 (G)
0131 -	Proofreader/Photocopier (G)
0135	Proofreader/Photocopier Coordinator (G)
0201 -	Secretary (G)
0203 -	Senior Secretary (G)
0205 -	Administrative Secretary (G)
0301	Clerical Supervisor (G)
0401	Legal Secretary 1 (G)
0403	Legal Secretary 2 (G)
0405	Administrative Secretary - Legal (G)
0407	Administrative Secretary - Legal 2 (G)
0409	Paralegal (G)
0701 -	Administrative Assistant to Chief Circuit Judge (G)
0721 -	Administrative Assistant - Mandatory Arbitration (G)
0725	Administrative Assistant for Arbitration (16th & 17th) (G)
0731 -	Administrative Assistant (G)
0735	Administrative Assistant for Arbitration (11th & 12th) (G)
0741	Administrative Assistant - Appellate Court (G)
0745	Administrative Assistant - Legal (G)
0751 -	Administrative Assistant 1 (G)
0753 -	Administrative Assistant 2 (G)
0755 -	Administrative Assistant 3 (G)
0757	Administrative Assistant - Associate Director (G)
0759 -	Administrative Assistant - Assistant Director (G)
0761 -	Administrative Assistant - Executive Division (G)
0765 -	Administrative Assistant - Director of Communications (G)
0775 -	Assistant to the Director (G)
0781	Assistant to the Director
0791	Executive Assistant
0801 -	Housekeeper (G)
0805	Groundskeeper (G)
0811 -	Custodian (G)
0812 -	Maintenance Custodian (G)
0813	Building Maintenance Engineer (G)
0814 -	Physical Facilities Manager (G)
0815 -	Supreme Court Physical Facilities Manager (G)
0816	Custodian - Supreme (G)
0817 -	Senior Custodian (G)
0821	Records and Maintenance Supervisor (G)
0851 -	Property Control Liaison (G)
0861 -	Office Manger (G)
0871 -	Facility Manager (G)

Administrative Office of the Illinois Courts

Position Allocation Code Number

0901 - Part-time Temporary (Personal Services Line)
~~0902 - Part-time Temporary (Extra Help Line)~~
0905 - Full-time Temporary (Personal Services Line)
~~0906 - Full-time Temporary (Extra Help Line)~~
0911 - Part-time Regular (Personal Services Line)
~~0912 - Part-time Regular (Extra Help Line)~~
0915 - Intern (Personal Services Line)
~~0916 - Intern (Extra Help Line)~~
0921 - Logistics Assistant (G)
0931 - Logistics Coordinator (G)
0999 - Contractual Service Employee

1001 - Deputy Clerk 1 - Supreme (G)
1003 - Deputy Clerk 2 - Supreme (G)
1005 - Deputy Clerk 3 - Supreme (G)
~~1006 - Deputy Clerk 3/Satellite - Supreme (G)~~
1007 - Deputy Clerk 4 - Supreme (G)
~~1011 - Deputy Clerk Fileroom (G)~~
~~1013 - Deputy Clerk 5 - Supreme (G)~~
~~1021 - Deputy Clerk 4/Attorney - Supreme (G)~~
1091 - Chief Deputy Clerk - Supreme (G)
1092 - Satellite Supervisor - Supreme (G)
1093 - Assistant Clerk (G)
1095 - Clerk of Supreme Court

1101 - Deputy Clerk 1 - Appellate (G)
1103 - Deputy Clerk 2 - Appellate (G)
1105 - Deputy Clerk 3 - Appellate (G)
1107 - Deputy Clerk 4 - Appellate (G)
~~1111 - File Room Coordinator (G)~~
~~1115 - Lead Division Clerk (G)~~
~~1117 - Senior Lead Division Clerk (G)~~
~~1121 - Deputy Clerk Supervisor (G)~~
~~1123 - Counter Supervisor (G)~~
1191 - Chief Deputy Clerk - Appellate (G)
~~1192 - Acting Clerk of the Appellate Court~~
~~1193 - Chief Deputy Clerk - Appellate/Attorney (G)~~
1194 - Appellate Attorney (G)
~~1195 - Clerk of Appellate Court~~
1197 - Clerk of Appellate Court

~~1507 - Data Input Clerk (G)~~
~~1511 - Caseload Assistant (G)~~

~~1602 - Per Diem Court Reporter (Population up to 225,000)~~
~~1603 - Per Diem Court Reporter (Population more than 225,000)~~
~~1605 - Per Diem Reporter~~
~~1606 - Temporary Per Diem Reporter~~
~~1607 - Temporary Per Diem Reporter (Population up to 225,000)~~
~~1608 - Temporary Per Diem Reporter (Population more than 225,000)~~
~~1612 - Official Court Reporter (Population up to 225,000)~~
~~1613 - Official Court Reporter (Population more than 225,000)~~
~~1617 - Temporary Official Court Reporter (Population up to 225,000)~~
~~1618 - Temporary Official Court Reporter (Population more than 225,000)~~
~~1622 - Official Court Reporter - Job Share (Population up to 225,000)~~

Administrative Office of the Illinois Courts

Position Allocation Code Number

~~1623~~ — Official Court Reporter — Job Share (Population more than 225,000)
~~1675~~ — Court Monitor
~~1699~~ — Local Council Coordinator

~~1761~~ — Grand Jury Coordinator
~~1765~~ — Court Reporter Training Officer
~~1771~~ — Assistant Reporter Supervisor
~~1775~~ — Reporter Supervisor
~~1781~~ — Assistant Administrator of Court Reporters
~~1785~~ — Deputy Administrator of Court Reporters
~~1795~~ — Administrator of Court Reporters — DuPage & Will County
~~1796~~ — Administrator of Court Reporters — Circuit Court of Cook County

1801 - Clerk of the Circuit Court (classification for stipends)

~~2001~~ — Library Clerk (G)
2005 - Library Assistant (G)
~~2013~~ — Librarian
2015 - Librarian (G)
2095 - Supreme Court Librarian

2205 - Human Resource Assistant (G)
2206 - Human Resource Analyst (G)
2209 - Compensation Analyst (G)
2235 - Human Resource Manager (G)

~~2311~~ — Legal Assistant (G)
2315 - Paralegal (G)
2325 - Project Manager (G)

2402 - Appellate Court Research Attorney (G)
2405 - Appellate Court Senior Research Attorney (G)
2411 - Supreme Court Research Attorney (G)
2489 - Appellate Court Legal Research Assistant Director (G)
2491 - Appellate Court Legal Research Director (G)
2495 - Supreme Court Legal Research Director

2705 - Attorney (G)
2711 - Executive Office Attorney (G)
2721 - Labor Relations Attorney (G)
2725 - Senior Labor Relations Attorney (G)
~~2775~~ — Attorney — Special Projects (G)
2781 - Senior Attorney (G)
~~2791~~ — Associate Director, Legal Services (G)
~~2795~~ — Assistant Director, Legal Services (G)
~~2796~~ — Senior Attorney (G)
2798 - Chief Legal Counsel (G)
2799 - Deputy Director (G)

~~2821~~ — Attorney — Administrator

3801 - Probation Program Assistant (G)
3803 - Account Analyst (G)
~~3803~~ — Probation Grants Coordinator (G)
3805 - Probation Program Coordinator (G)

Administrative Office of the Illinois Courts

Position Allocation Code Number

~~3807~~ — Probation Program Specialist (G)
3811 - Probation Management Operations Specialist (G)
3821 - Probation Management Operations Supervisor (G)
~~3831~~ — Probation Data Analyst (G)
3835 - Probation Training Coordinator (G)
~~3836~~ — Assistant Probation Training/Program Coordinator (G)
~~3837~~ — Probation Program Analyst (G)
3839 - Pretrial Services Coordinator (G)
3840 - Problem Solving Courts Coordinator (G)
3841 - Probation Grants Manager (G)
3845 - Data and Automation Manager (G)
3851 - Juvenile Justice Services Manager (G)
3871 - Interstate Compact Manager (G)
~~3885~~ — Probation Program Manager (G)
~~3891~~ — Associate Director, Probation Services (G)
3895 - Assistant Director, Probation Services (G)

4001 - Account Clerk 1 (G)
4003 - Account Clerk 2 (G)
4005 - Account Clerk 3 (G)
4007 - Account Clerk 4 (G)
~~4011~~ — Account Technician (G)
~~4012~~ — Account Technician 2 (G)
~~4013~~ — Fiscal Reporting Analyst (G)
~~4014~~ — Senior Fiscal Reporting Analyst (G)
~~4015~~ — Account Analyst (G)
~~4021~~ — Bookkeeper — Supreme (G)
~~4025~~ — Voucher Supervisor (G)
~~4031~~ — Account Supervisor (G)
4035 - Accounting Manager (G)

~~4105~~ — Auditor (G)
~~4111~~ — Audit Supervisor (G)

4205 - Budget Analyst (G)
4207 - Senior Budget Analyst (G)
~~4209~~ — Contract Coordinator (G)
~~4211~~ — Financial Systems Manager (G)
4221 - Budget Manager (G)
~~4291~~ — Associate Director, Finance (G)
~~4293~~ — Associate Director, Budget (G)

~~4305~~ — Property Control Assistant (G)
~~4311~~ — Property Control Liaison (G)

~~4401~~ — Payroll Clerk (G)
~~4402~~ — Benefits Clerk (G)
~~4403~~ — Payroll Assistant (G)
~~4405~~ — Human Resource Assistant (G)
~~4406~~ — Human Resource Analyst (G)
~~4407~~ — Benefits Coordinator (G)
~~4408~~ — Benefits Administrator (G)
~~4409~~ — Compensation Analyst (G)
~~4411~~ — Payroll Supervisor (G)
4415 - Payroll Assistant 1 (G)

Administrative Office of the Illinois Courts

Position Allocation Code Number

4417 - Payroll Assistant 2 (G)
4419 - Payroll Assistant 3 (G)
~~4421 - Human Resource Manager 1 (G)~~
~~4423 - Human Resource Manager 2 (G)~~
~~4425 - Human Resource Manager (G)~~
4426 - Payroll/Benefits Manager (G)
~~4435 - Human Resource Manager/Attorney (G)~~
~~4475 - Labor Relations Attorney (G)~~
~~4476 - Senior Labor Relations Attorney (G)~~
~~4481 - Labor Relations Officer (G)~~
~~4491 - Associate Director, Personnel (G)~~

4505 - ~~Conference Coordinator (G)~~
4507 - Conference Coordinator 1 (G)
4509 - Conference Coordinator 2 (G)
4511 - Conference Coordinator 3 (G)
4515 - Training Manager (G)
~~4517 - Senior Training Manager (G)~~
~~4521 - Training Analyst (G)~~
4595 - Assistant Director, Judicial Education (G)

~~4603 - Court Operations Technician (G)~~
4605 - Court Operations Assistant 1 (G)
4607 - Court Operations Assistant 2 (G)
4608 - Court Operations Assistant 3 (G)
~~4609 - Court Operations Coordinator (G)~~
4611 - Court Operations Analyst 1 (G)
4613 - Court Operations Analyst 2 (G)
4614 - Court Operations Analyst 3 (G)
4616 - Data Program Analyst (G)
4617 - Data Program Specialist (G)
~~4619 - Language Access Services Specialist (G)~~
4621 - Court Services Program Manager (G)
4625 - Court Operations Manager (G)
~~4631 - Court Statistical Analyst (G)~~
~~4635 - Records Archivist (G)~~
~~4637 - Records Manager (G)~~
~~4639 - Senior Program Manager (G)~~
~~4640 - Family Violence Program Analyst (G)~~
~~4645 - Family Violence Program Manager (G)~~
~~4651 - Court Reporting Services Field Manager (G)~~
~~4659 - Court Reporting Services Manager (G)~~
~~4661 - Court Services Program Manager (G)~~
4675 - Intergovernmental Relations Officer (G)
4695 - Assistant Director, Court Services (G)

~~4711 - Intergovernmental Relations Coordinator (G)~~
4725 - Language Access Services Specialist (G)
~~4791 - Associate Director, Intergovernmental Relations (G)~~
4795 - Assistant Director, Civil Justice (G)

~~4870 - Coordinator of Special Projects (G)~~
4895 - Assistant Director, Administrative Services (G)
~~4897 - Deputy Administrative Director~~
4898 - Acting Director

Administrative Office of the Illinois Courts

Position Allocation Code Number

4899 - Director

~~5002 - Messenger (G)~~
~~5003 - Mail/Reprographics Assistant (G)~~
~~5008 - Mail/Reprographics Coordinator (G)~~
~~5011 - Mail/Reprographics Supervisor (G)~~
~~5021 - Forms/Graphics Designer (G)~~
~~5025 - Mail/Reprographics Manager (G)~~
~~5035 - Operations Manager (G)~~

~~5101 - Computer Operator (G)~~
~~5102 - Information Systems Trainee (G)~~
~~5105 - Computer Operations Coordinator (G)~~
~~5111 - Computer Operations Supervisor (G)~~
~~5131 - Computer Systems Software Specialist 1 (G)~~
~~5133 - Computer Systems Software Specialist 2 (G)~~
~~5141 - Computer Systems Supervisor (G)~~
5161 - Information Services Coordinator 1 (G)
5163 - Information Services Coordinator 2 (G)
5165 - Information Services Coordinator 3 (G)
5171 - Database Administrator 1 (G)
5173 - Database Administrator 2 (G)
5175 - User Services Manager (G)

~~5201 - Application Programmer Analyst 1 (G)~~
~~5203 - Application Programmer Analyst 2 (G)~~
~~5211 - Application Programming Supervisor (G)~~
~~5221 - Systems Analyst 1 (G)~~
~~5223 - Systems Analyst 2 (G)~~
5261 - Information Systems Application Consultant 1 (G)
5263 - Information Systems Application Consultant 2 (G)
5265 - Information Systems Application Consultant 3 (G)
5267 - Information Systems Application Consultant 4 (G)
~~5269 - Information Systems Application Consultant 5 (G)~~
5275 - Applications Manager (G)

~~5301 - Microsystems Specialist 1 (G)~~
~~5303 - Microsystems Specialist 2 (G)~~
~~5311 - Microsystems Support Supervisor (G)~~
~~5321 - Office Systems Specialist (G)~~
~~5331 - Field Automation Analyst 1 (G)~~
~~5341 - Automation Analysis Coordinator (G)~~
5361 - Information Systems Technical Consultant 1 (G)
5363 - Information Systems Technical Consultant 2 (G)
5365 - Information Systems Technical Consultant 3 (G)
5367 - Information Systems Technical Consultant 4 (G)
~~5369 - Information Systems Technical Consultant 5 (G)~~
~~5375 - Computer Hardware/Software Systems Manager (G)~~
5377 - Operations Manager (G)
5387 - Digital Recording Manager (G)

5421 - Web Developer 1 (G)
5423 - Web Developer 2 (G)
~~5425 - Web Developer 3 (G)~~
5429 - Web Master (G)

Administrative Office of the Illinois Courts

Position Allocation Code Number

5475 - Internet Services Manager (G)

5545 - IT Security Manager (G)

~~5791 Associate Director, Automation Analysis (G)~~
~~5792 Associate Director, Programming and Automated Operations (G)~~
~~5793 Associate Director, Applications (G)~~
~~5794 Associate Director, Judicial Management Information Services (G)~~
5795 - Assistant Director, Judicial Management Information Services (G)

~~5801 Wordprocessor/Typesetter 1 (G)~~
~~5803 Wordprocessor/Typesetter 2 (G)~~
~~5807 Typesetter 2 (G)~~
~~5809 Typesetter 3 (G)~~
~~5811 Proofreader/Citation Verifier (G)~~
~~5812 Proofreader/Citation Verifier 2 (G)~~
~~5817 Word-Processing Operator 1 (G)~~
~~5819 Word-Processing Operator 2 (G)~~
~~5821 Printing Systems Technician (G)~~
~~5829 Senior Citation Verifier (G)~~
~~5831 Printing Production Coordinator (G)~~
~~5891 Associate Reporter of Decisions (G)~~
~~5892 Assistant Reporter of Decisions (G)~~
~~5895 Reporter of Decisions~~

~~6001 Security Officer (G)~~
6005 - Security Station Attendant – Appellate Court (G)
6008 - Security Station Attendant - Supreme Court (G)
~~6009 Security Station Attendant 2 (G)~~
~~6011 Court Attendant/Security Supervisor (G)~~
6015 - Assistant Security Coordinator (G)
6021 - Security Coordinator (G)
~~6025 Assistant Chief of Supreme Court Security (G)~~
~~6031 Facilities Analyst (G)~~
~~6035 Property Control Liaison (G)~~
~~6039 Office Manager (G)~~
~~6041 Facility Manager (G)~~
~~6045 Capital Projects Coordinator (G)~~
6055 - Security Manager (G)
~~6071 Chief of Supreme Court Security (G)~~
6081 - Deputy Marshal 1 (G)
6083 - Deputy Marshal 2 (G)
~~6087 Deputy Marshal (G)~~
6089 - Chief Deputy Marshal (G)
6091 - Marshal

~~6165 Administrative Supervisor (G)~~
~~6169 Assistant Administrator – Mandatory Arbitration (G)~~
~~6179 Deputy Administrator – Mandatory Arbitration (G)~~
~~6180 Deputy Administrator – Mandatory Arbitration (G)~~
~~6185 Mandatory Arbitration Administrator (G)~~
~~6188 Mandatory Arbitration Administrator (G)~~
~~6189 Mandatory Arbitration Administrator (Cook) (G)~~
~~6191 Mandatory Arbitration Field Coordinator (G)~~

Administrative Office of the Illinois Courts

Position Allocation Code Number

~~6891~~ Associate Director, Circuit Court Services (G)
~~6892~~ Associate Director, Circuit Clerk Liaison (G)
~~6895~~ Assistant Director, Court Services (G)

7091 - Trial Court Administrator (G)

7105 - Data Input Clerk (G)
7115 - Computer Operator Coordinator (G)
7165 - Administrative Supervisor (G)
7169 - Assistant Administrator – Mandatory Arbitration (G)
7179 - Deputy Administrator – Mandatory Arbitration (G)
7188 - Mandatory Arbitration Administrator (G)
7189 - Mandatory Arbitration Administrator (Cook) (G)
~~7191~~ Appellate Court Administrative Supervisor (G)

~~7205~~ Electronic Recorder Operator 1 (G)
~~7209~~ Electronic Recorder Operator 2 (G)
~~7211~~ Electronic Recorder Operator 3 (G)
~~7245~~ Recordation Systems Specialist (G)
~~7251~~ Court Specialist (G)
~~7253~~ Court Reporting Specialist 1 (G)
~~7255~~ Court Reporting Specialist 2 (G)
~~7257~~ Court Reporting Specialist 3 (G)
~~7259~~ Court Reporting Specialist 4 (G)
~~7271~~ Court Reporting Services Supervisor 1 (G)
~~7273~~ Court Reporting Services Supervisor 2 (G)
~~7275~~ Court Reporting Services Supervisor 3 (G)
~~7287~~ Administrator of Court Reporting Services (G)
~~7292~~ Court Reporting Specialist Assistant Supervisor (G)
~~7294~~ Court Reporting Specialist Supervisor (G)
~~7295~~ Administrator of Electronic Recorder Operators (G)
~~7296~~ Assistant Administrator of Court Reporting Specialists (G)
~~7298~~ Administrator of Court Reporting Specialists (G)

8001 - Appellate Court Judicial Secretary
8005 - Appellate Court Service Secretary
8021 - Supreme Court Judicial Secretary
8025 - ~~Assistant to Chief Justices' Secretary~~ Counselor to the Chief Justice
8031 - Supreme Court Chief Justices' Secretary

8101 - Appellate Court Law Clerk
8121 - Supreme Court Junior Law Clerk
8122 - Supreme Court Law Clerk (combined salary)
8123 - Supreme Court Senior Law Clerk

8201 - Receptionist
8205 - Security Officer - Chicago
8206 - Third Floor Attendant (G)
~~8207~~ Third Floor Security Officer
~~8211~~ Deputy Marshal
8221 - Third Floor Supervisor (G)
~~8230~~ Audit Assistant (G)
8231 - Court Stenographer
~~8232~~ Internal Auditor Trainee (G)
~~8235~~ Internal Auditor 1 (G)

Administrative Office of the Illinois Courts

Position Allocation Code Number

~~8237 - Internal Auditor 2 (G)~~
~~8240 - Internal Auditor 3 (G)~~
~~8241 - Supreme Court Press Secretary~~
~~8245 - Chief Internal Auditor~~
8251 - Administrative Assistant to Supreme Court Justice
8257 - Marshal to Supreme Court Justice
8259 - Judicial Marshal
8261 - Administrative Assistant to Supreme Court Chief Justice
8271 - Executive Assistant
~~8281 - Executive Director, Special Commission~~

8330 - Audit Assistant (G)
8335 - Internal Auditor 1 (G)
8337 - Internal Auditor 2 (G)
8340 - Internal Auditor 3 (G)
8345 - Chief Internal Auditor

8439 - Senior Communications Specialist (G)
8441 - Director of Communications

8511 - Proofreader/Citation Verifier (G)
8512 - Proofreader/Citation Verifier 2 (G)
8517 - Word Processing Operator 1 (G)
8519 - Word Processing Operator 2 (G)
8529 - Senior Citation Verifier (G)
8531 - Printing Production Coordinator (G)
8591 - Associate Reporter of Decisions (G)
8592 - Assistant Reporter of Decisions (G)
8595 - Reporter of Decisions

9001 - Elected Justice of the Supreme Court
9002 - Appointed Justice of the Supreme Court

9101 - Elected Judge of the Appellate Court
9102 - Appointed Judge of the Appellate Court
9111 - Circuit Judge Assigned to the Appellate Court

9201 - Associate Judge of the Circuit Court (single county circuits)
9202 - Associate Judge of the Circuit Court (multicounty circuits)

9210 - Elected Judge of the Circuit Court - Resident - Assigned Appellate (single county circuits)
9211 - Elected Judge of the Circuit Court - Resident (single county circuits)
9212 - Elected Judge of the Circuit Court - Resident (multicounty circuits)
9213 - Elected Judge of the Circuit Court - Resident - Assigned Appellate (multicounty circuits)
9214 - Appointed Judge of the Circuit Court - Resident - Assigned Appellate (single county circuits)
9215 - Appointed Judge of the Circuit Court - Resident (single county circuits)
9216 - Appointed Judge of the Circuit Court - Resident (multicounty circuits)
9217 - Appointed Judge of the Circuit Court - Resident - Assigned Appellate (multicounty circuits)

9220 - Elected Judge of the Circuit Court - At-Large - Assigned Appellate (single county circuits)
9221 - Elected Judge of the Circuit Court - At-Large (single county circuits)
9222 - Elected Judge of the Circuit Court - At-Large (multicounty circuits)
9223 - Elected Judge of the Circuit Court - At-Large - Assigned Appellate (multicounty circuits)

9224 - Appointed Judge of the Circuit Court - At-Large - Assigned Appellate (single county circuits)

Administrative Office of the Illinois Courts

Position Allocation Code Number

9225 -	Appointed Judge of the Circuit Court - At-Large (single county circuits)
9226 -	Appointed Judge of the Circuit Court - At-Large (multicounty circuits)
9227 -	Appointed Judge of the Circuit Court - At-Large - Assigned Appellate (multicounty circuits)
9230 -	Elected Judge of the Circuit Court - 2(d)(1) - Assigned Appellate (multicounty circuits)
9231 -	Elected Judge of the Circuit Court - 2(d)(1) (multicounty circuits)
9232 -	Appointed Judge of the Circuit Court - 2(d)(1) (multicounty circuits)
9233 -	Appointed Judge of the Circuit Court - 2(d)(1) - Assigned Appellate (multicounty circuits)
9234 -	Elected Judge of the Circuit Court - 2(g)(a) - Assigned Appellate (multicounty circuits)
9235 -	Elected Judge of the Circuit Court - 2(g)(a) (multicounty circuits)
9236 -	Appointed Judge of the Circuit Court - 2(g)(a) (multicounty circuits)
9237 -	Appointed Judge of the Circuit Court - 2(g)(a) - Assigned Appellate (multicounty circuits)
9240 -	Elected Judge of the Circuit Court - 2(g)(b) - Assigned Appellate (single county circuits)
9241 -	Elected Judge of the Circuit Court - 2(g)(b) (single county circuits)
9242 -	Appointed Judge of the Circuit Court - 2(g)(b) (single county circuits)
9243 -	Appointed Judge of the Circuit Court - 2(g)(b) - Assigned Appellate (single county circuits)
9244 -	Elected Judge of the Circuit Court - 2(g)(c) - Assigned Appellate (multicounty circuits)
9245 -	Elected Judge of the Circuit Court - 2(g)(c) (multicounty circuits)
9246 -	Appointed Judge of the Circuit Court - 2(g)(c) (multicounty circuits)
9247 -	Appointed Judge of the Circuit Court - 2(g)(c) - Assigned Appellate (multicounty circuits)
9401 -	Retired Recalled - Supreme Court Justice
9402 -	Retired Recalled - Appellate Court Judge
9411 -	Retired Recalled - Resident Circuit Judge (single county circuits)
9412 -	Retired Recalled - Resident Circuit Judge (multicounty circuits)
9421 -	Retired Recalled - At-Large Circuit Judge (single county circuits)
9422 -	Retired Recalled - At-Large Circuit Judge (multicounty circuits)
9424 -	Retired Recalled - At-Large - Assigned Appellate (multicounty circuits)
9431 -	Retired Recalled - Associate Judge (single county circuits)
9432 -	Retired Recalled - Associate Judge (multicounty circuits)

9999 — JFD

6. Together, the thirteenth, fourteenth and fifteenth numeric characters represent a sequential number (i.e. 001, 002, 003, etc.) assigned to that individual position. If the court (1st character), district or circuit (2nd and 3rd characters), judge or unit/division (4th and 5th characters), location (6th, 7th and 8th characters) and class code (9th, 10th, 11th and 12th characters) are exactly the same, then the positions are sequentially numbered.

**Supreme Court of Illinois Courts
Administrative Office of the Illinois Courts
Payroll/Human Resource Application Requirements**

Judicial Database

- ✚ Database must track the judgeship or the judge with the respected position allocation code.
- ✚ Database must also include additional information such as length of term; dates of appointment, election, retention; and the date when their term expires. The database should also calculate length of service within a judgeship.
- ✚ Expanded title with associated beginning and ending dates must also be included (i.e. Chief Justice of the Supreme Court, Presiding Appellate Judge, Chief Circuit Judge).
- ✚ System must generate individualized economic interest letters pursuant to 5 ILCS 420/4A and Supreme Court Rule 68.

Timekeeping

**Supreme Court of Illinois Courts
Administrative Office of the Illinois Courts
Payroll/Human Resources System (PHRS) Requirements**

Leave/Timekeeping Benefits Database

- ✦ System must calculate Leave Benefits for specific positions/employees in accordance with the Supreme Court's Leave of Absence Policies ([Attachment](#)).
- ✦ System must track all leaves for each employee; vacation, nominal sick, extended sick, personal, death in the family, jury duty, family, medical, unpaid personal and military leave.
- ✦ System must be able to generate daily, if needed, monthly, GAAP, quarterly and yearly reports to meet all auditing requirements ([Attachment](#)).
- ✦ System generates continuous service date based on eligible previous employment for all new hires or reinstated employee, covered under the leave policies, once the CSD is generated the system would calculate the new hires beginning leave balances. ([Attachment](#)).
- ✦ Must have the capability to select parameters from the leave database to compile reports.
- ✦ System must be able to track Leave of Absences; paid or unpaid medical leaves, family medical leaves, military leaves and personal leaves by employee, work location, paycode, dates and type of leave, nature of disability, if any, and benefits being utilized.
- ✦ System will be able to generate employee's vacation pay out information. The information will be forwarded to payroll for calculation of payment to employee ([Attachment](#)).
- ✦ Timekeeping data can be entered into the system, when received, without impacting reports. Employees are presumed to be present and only the exceptions (i.e. vacation, nominal sick, etc.) are entered in the system.
- ✦ All leave benefits are taken in one-half or whole day increments.
- ✦ Employees must be in pay status one-half of the work days in a month to earn vacation and nominal sick leave benefits for that month.
- ✦ Personal leave days are awarded each January 1st.
- ✦ Nominal sick leave days are awarded January 1st.
- ✦ Vacation leave days are earned in a month (June) and awarded the 1st of the next month (July).
- ✦ System must generate a Payroll Change Form ([Attachment](#)) if any unpaid leave is identified. This form would be given to Payroll for calculating adjustments to the employee's pay.
- ✦ System must be able to generate Employee Quarterly Leave Benefits Statement. The form is to be given to the employee and manager for verification of leave balance. ([Attachment](#)).

- ✚ Extended sick leave days are awarded on January 1st of each calendar year when an employee reaches a level of service which entitles him/her to an additional 22 days. Or if the employee's ES balance is below the employee's maximum allowable days and has nominal sick leave days that have been earned but not used on December 31st of each year, these days will be added to each employee's extended sick leave balance, up to the maximum allowable days.

Administrative Office of the Illinois Courts

Calculation of Continuous Service Date (CSD) for New Hires

Explanation of CSD change: Previous State of Illinois Service

Employee Name (Last, First, Middle)	SSN	Hire Date	Manager	PayCode
Smith, Janet	123-45-6789	12/02/2013	SAOEomm	08-104

SECTION I: Length of Prior Continuous Service

Agency	Date of Previous Service		No. of Days
	From	Through	
Secretary of State - Legal Assistant	06/15/2010	11/29/2013	1,263
Extended Sick: Janet will be at the 22 ES days allotment and will be awarded 2 ES days 12/2/13 & will be awarded the remaining 20 ES days on 1/1/14.			% of Time Allowed: 100%
			Total No. of Days: 1,263

SECTION II: Continuous Service Date

Judicial Hire Date	Continuous Service Date	Form Reviewed By/Date	
12/02/2013	Jun-10	BB	1/14/14

Database Screens								Checked By/ Date		Checked By/ Date		New Hire Notice Sent By/Date	
Entered By/ Date	Employ	Vacation	NS	ES	PL	UL	Avail						
BB 1/14/14	√	1	0.5	2	0	√	√						

10 days per year Vacation Earning Rate

1 Vacation Day (December 2013 accrual avail 1/1/14)

Nominal Sick Leave - Earning Schedule

Hired this Month	Monthly Earning Schedule	Number of Days if Hired this Month
January	1.0	10.0
February	1.0	9.0
March	0.5	8.0
April	1.0	7.5
May	1.0	6.5
June	0.5	5.5
July	1.0	5.0
August	1.0	4.0
September	0.5	3.0
October	1.0	2.5
November	1.0	1.5
December	0.5	0.5

Extended Sick Leave - Allotment Schedule

Length of Service	Maximum Allotment per Year
Less than 1 st Year of Service	No Benefit
Beginning the 2 nd Year through the 4 th Year of Service	22.0
Beginning the 5 th Year through the 7 th Year of Service	44.0
Beginning the 8 th Year through the 11 th Year of Service	66.0
Beginning the 12 th Year through the 15 th Year of Service	88.0
Beginning the 16 th Year through the 19 th Year of Service	110.0
Beginning the 20 th Year of Service	132.0

Personal Leave Days Schedule

(effective January 1, 2003)

Hired This Month	Number of Days Awarded
January	3.0
February	2.5
March	2.5
April	2.0
May	2.0
June	1.5
July	1.5
August	1.0
September	1.0
October	0.5
November	0.5
December	No Benefit

Starting January 1, 2003, employees will be granted three (3) personal leave days which will be awarded on January 1st of each calendar year. For new hires, the days will be prorated and granted at ½ day for every two months of service in the calendar year.

Vacation Leave - Monthly Earning Schedule

(effective January 1, 2004)

Month	0 – 5 Years 10 Days per Year	6 – 9 Years 15 Days per Year	10 – 14 Years 17 Days per Year	15 – 19 Years 20 Days per Year	20 – 25 Years 22 Days per Year	26 + Years 25 Days per Year	Date Days Are Available
January	0.5	2.0	2.0	2.0	2.0	2.5	Carryover from previous calendar year *
February	1.0	1.0	1.0	2.0	2.0	2.0	January's earning rate available on February 1 st
March	1.0	1.0	2.0	1.0	1.0	2.0	February's earning rate available on March 1 st
April	0.5	1.0	1.0	2.0	2.0	2.0	March's earning rate available on April 1 st
May	1.0	2.0	2.0	2.0	2.0	2.0	April's earning rate available on May 1 st
June	1.0	1.0	1.0	1.0	1.0	2.0	May's earning rate available on June 1 st
July	.05	1.0	2.0	2.0	2.0	2.5	June's earning rate available on July 1 st
August	1.0	1.0	1.0	2.0	2.0	2.0	July's earning rate available August 1 st
September	1.0	2.0	2.0	1.0	2.0	2.0	August's earning rate available on September 1 st
October	0.5	1.0	1.0	2.0	2.0	2.0	September's earning rate available on October 1 st
November	1.0	1.0	1.0	2.0	2.0	2.0	October's earning rate available on November 1 st
December	1.0	1.0	1.0	1.0	2.0	2.0	November's earning rate available on December 1 st

* An employee may only carry-over the number of days earned in the previous calendar year. Additionally, December's earning rate will be available January 1st of the following calendar year.

Administrative Office of the Illinois Courts
Payroll Change Form

Employee (Last Name, First Name, Middle)	SSN	Effective Pay Period Ending	Pay Code
Position Allocation Code			

,, Name Change ,, Address Change ,, Withholding Change

Employee Information	Current			New		
Name						
,, Legal Address, etc.						
,, Office Address, etc.						
,, Mailing Address, etc.						
Marital Status	,, Single	,, Married	,, Married w/h @ Single	,, Single	,, Married	,, Married w/h @ Single
Address Indicator	,, Voting	,, Office	,, Mailing	,, Voting	,, Office	,, Mailing
Federal Exemptions						
Add'tl Fed. Withholding						
State Exemptions						
Add'tl State Withholding						

,, Docked Days ,, Repay Days

Month / Year	A	B	C	D	E
	Number of Days to be Docked	Number of Days to be Repaid	Salary Rate for Pay Period	Number of Working Days in Pay Period	Salary Adjustment (C/D *A <u>or</u> B=E)
Date(s)					
Total					

Comments:

	Salary Adj. Made to Pay Period Ending

<i>Payroll</i>								<i>Benefits</i>		<i>Budget</i>	
Date Prepared	By	Date Entered	By	Date Reviewed	By	Date Reviewed	By	Date Reviewed	By		

,, P.A.R. ,, Posting Book ,, ID Card ,, Batch Sheets ,, Envelope Database ,, Payroll File
 ,, Salary History ,, W-4 to Comptroller ,, JMAIL ,, HR Notification ,, Asst. Dir. Notification

LEAVE BENEFITS

LEAVE BENEFITS MONTHLY CYCLE

Files Saved As:

Reports should be saved at: P:\Leave/Calendar Year/Month
For example for the month of January 2013: P:\Leave/2013/January

Monthly Cycle:

1. Submit Batch Monthly Process to Generate Next Month's Detail following reports:
 - Monthly Detail Set-Up Report: [lvmdet.pdf](#)
 - Monthly Detail Saturdays Sundays: [lvmsatsun.pdf](#)
 - Extended Sick Code Changes Anniversary Date: [esann.pdf](#)

2. Manual Data Input for New Month:
 - Add New Employee for new month on LAPER screen, press control & F11
 - Go to each Benefit Screen to Assign Code for new employee (calculates benefits)
 - Change Status for employees - Terminated or Inactive in the prior month
 - Adjust Individual Benefits due to Status Change (except Vacation)
 - Change Work Percent on employees changing % for the upcoming month
 - Adjust benefits due to % change (except Vacation)
 - Change Manager for employees transferring to new group in the upcoming month
 - Input employee's Monthly Detail from time sheets - LDETA screen, press control & F11
 - Adjust Nominal Sick, if Unpaid Leave > 50%

3. Run Validation Reports - Monthly:
 - Negative Vacation Balance for Admin Services Report – verify employees with negative vacation balance are corrected [mmnegvac.pdf](#)
 - Negative Benefits Balance & Actions Taken Report - verify employees with negative balances on their benefits are approved to carry a negative balance [mmnegbal.pdf](#)
 - New Employees Report - verify new employees were set-up and entered for the month being processed [mmnewemp.pdf](#)
 - Terminated Employees Report - verify employees terminated in Payroll for the *previous* month were also terminated on Leave System [mmterm.pdf](#)
 - Missing Benefits Codes, Records, Monthly Detail Report – [mmcodes.pdf](#)
 - * If an employee is missing their benefits code(s), go to the benefits screen indicated on the report and assign the code, press control & F11
 - * If an employee is missing records, they were not completely set-up, go to the LAPER screen (Add Person), Press F10 on their person data, then go to each individual benefit screen to assign their benefits code
 - * If an employee is active and has not had their attendance entered and certified on their Monthly Detail Screen, investigate their Monthly Detail Screen and why there was nothing entered on this screen; Input data, if necessary

4. Submit Batch Process to Award Vacation Days for the month being processed:
 - Award Vacation For the Month: [lvmvac.pdf](#)
 - Adjusted Vacation Days: [lvmadj.pdf](#)

5. Run Employee or Manager Reports, if needed:
 - Earnings Schedule Reports: Mngr/Emp: [schedmng.pdf](#) & [schedemp.pdf](#)
 - Quarterly Jan - Dec Reports: Mngr/Emp: [quartemp.pdf](#) & [quartmng.pdf](#)
 - Quarterly Jan - Dec Reports: Admin Services: [quartall.pdf](#)

LEAVE BENEFITS LEAVE BENEFITS ANNUAL CYCLE

End of Year Cycle After December Cycle is Complete: Files Saved As: P:\Leave\Calendar Year/EndofYear

1. Change Status for employees Terminated or Inactive as of December, understanding that terminations will not have records generated for the new year and Inactive's will not be granted their Jan 1st benefits for the new year
2. Run Internal Report for the Year, if needed **V:\LEAVE\INTRPT**
 - Resigned/Terminated Employees for the Year Report [yyresign.pdf](#)
 - Extended Sick Leave for the Year Report [yyesick1.pdf](#)
 - Unpaid Leave for the Year Report [yyuloa.pdf](#)
(Uppaid Leave Reports – If no ending date for LOA then verify employee did NOT return to work)
 - New Hires for the Year Report ***Just check report** [yynewemp.pdf](#)
 - Docked Days for the Year Report [yydocked.pdf](#)
3. Make Manual Data Changes to prepare for the New Year
 - Change Work Percent on employees changing % for the new year, understanding that their Jan 1st benefits will be reduced accordingly, based on Work Percent
 - Change Manager for employees transferring to new group for the upcoming year
 - Run Daily Log of Changes Report **P:\LEAVE\LOGRPT\logben.pdf**
4. Submit Batch Annual Process to generate New Year **P:\LEAVE\Calendar Year/Beginning**
 - Review Nominal Sick & Personal Leave Award Report [nsplaward](#)
 - Review Extended Sick Carry Over Report [lvasetes](#)
 - Review Vacation Carry Over Report [lvasetva](#)
 - Review Carrying more than Maximum Vacation Report [lvamaxva](#)
(Must reduce number of days over MANUALLY) *Transition between 20-22 days employee/manager report does not match)
 - Review Carrying more than Maximum Ext Sick Report [lvamaxes](#)
(Anything funky that does NOT follow within normal rules)
 - Review GAAP Employees Report [lvgaap](#)
5. Run Schedule Reports for the New Year **V:\LEAVE\EMPRPT**
 - Earnings Schedule Reports: Mngr/Emp [schedmng.pdf](#)& [schedemp.pdf](#)
Admin Ser [schedall.pdf](#)
6. The database is now set up to submit the **Batch Process** for the Monthly Cycle for January of the new year
7. Resigned/Terminated Employees should be added/removed from Leave System prior to running *Quarterly Reports is what is sent to the Employee's and Managers for Beginning of the Year Balances Mngr/Emp: [quartemp.pdf](#) & [quartmng.pdf](#)

LAPER

JUDICIAL BRANCH - SUPREME COURT OF ILLINOIS
ADD A PERSON - LEAVE BENEFITS SYSTEM

30-JUL-2014 12:51:55

Go

Save

SSN ? Name

PerSt Wk Pcnt 1.00 Empld 01-DEC-2011 CSD

Delete ALL

Activate Person Activate Dt 01-DEC-2011 Lv CSD 01-DEC-2011 Wk Schedule 5

PayCd 001 Loc S00CC Mngr S00CC Wk Pcnt 1.00

A. Sal 34273.00 Daily Rate 131.81 Vac Days 2.50 Cur Pay Out 329.55

Termination Dt 11-JUL-2014 Last Modified: 30-JUL-2014 11:04 BJB1

Click SAVE to Set Up New Emp or Commit Changes to an Employee!

Avail Date for ES: 01-JAN-2014

Memo Information:

Code	BetCd	Begin	End	Modified	
XX	XX	11-JUL-2014	11-JUL-2014	30-JUL-2014 11:04	Save Memo BJB1

Resignation - 2.5 Vacation Days Pay Out

Appendix B

Database Infrastructure – Payroll/HR Application

Oracle Database Environment:

- Oracle Enterprise Database, Real Application Clusters (RAC)
 - Enterprise Database v 11, 64-bit Production
 - APEX 4
- Dell PowerEdge 2950 Server Nodes in Oracle RAC environment
 - Red Hat Enterprise Linux Server, 64-bit operating system.

Oracle Middleware Tier:

- Oracle Weblogic Server 11g
 - WebLogic Server, v10.3
 - Forms Builder [32 Bit], v11
 - Reports Builder, v11
 - SQL Developer, v2
- Dell PowerEdge 2950 Server Node as Application Server
 - Red Hat Enterprise Linux Server

SAN Storage System:

- Dell AX4, SAN and Disk Array – 4G Fiber Channel
 - Dual processor SAN, Navisphere
 - Disk: Primary Enclosure and Secondary Enclosures

Backup / Archiving System

- Backup Server - Dell PowerEdge 2950 Server
 - Red Hat Linux, 64-bit operating system
 - Dell PowerVault MD1000 SCSI Storage
 - Dell TL2000 / LTO3 Tape Library
 - Backup Software

Similar independent database platforms exist for the development, test, and production environments.