



Verify/update Workers' Compensation rates

Table of Contents

Verify/update Workers' Compensation rates i

[Human Resources > Tables > Tax/Deductions > Workers' Compensation](#)

Verify the workers' compensation rates are accurate for the new school year. If not, update the rates.

[Image](#)

Tables > Tax/Deductions SessionTimer: 59 min and 47 sec

[Save](#)

Exemptions | Income Tax | Earned Income Credit | FICA Tax | Unemployment | TRS Rates | 457 Def Comp | **Workers' Comp**

[Retrieve](#) [Print](#)

Delete	Code	Description	Net Rate
	A	WORKERS COMP A	0.1792%
	B	WORKERS COMP B	1.4664%
	C	WORKERS COMP C	1.7380%
	D	WORKERS COMP D	0.1792%

For example, if the Workers' Comp letter provides a rate of .001792, move the decimal two places to the right and type that number in the **Net Rate** field.

Codes are LEA specific.

Use the User Created Reports to verify the number of Workers' Compensation remaining payments.

[Image](#)

Reports > User Created Reports > HR Report SessionTimer: 59 min and

Create Report

Report Template

Report Title

Employee Nbr: Active Employees Only ←

Employee Demographic

<input checked="" type="checkbox"/> Employee Nbr	<input type="checkbox"/> Staff ID/SSN	<input type="checkbox"/> Maiden Name	<input type="checkbox"/> Phone Area Cd	<input type="checkbox"/> Last Change Date	<input type="checkbox"/> Emer Contact	<input type="checkbox"/> Hispanic/Latino
<input type="checkbox"/> Texas Unique Staff ID	<input type="checkbox"/> Address Number	<input type="checkbox"/> Former Prefix	<input type="checkbox"/> Phone Nbr	<input type="checkbox"/> Citizenship	<input type="checkbox"/> Relationship	<input type="checkbox"/> American Indian
<input type="checkbox"/> Name Prefix	<input type="checkbox"/> Street/P.O. Box	<input type="checkbox"/> Former First Name	<input type="checkbox"/> Bus Phone Area	<input type="checkbox"/> Marital Stat	<input type="checkbox"/> Emer Notes	<input type="checkbox"/> Asian
<input checked="" type="checkbox"/> First Name	<input type="checkbox"/> Apt	<input type="checkbox"/> Former Middle Name	<input type="checkbox"/> Bus Phone Nbr	<input type="checkbox"/> Other Language	<input type="checkbox"/> Emer Area Cd	<input type="checkbox"/> African American
<input type="checkbox"/> Middle Name	<input type="checkbox"/> City	<input type="checkbox"/> Former Last Name	<input type="checkbox"/> Bus Ext	<input type="checkbox"/> Local Use 1	<input type="checkbox"/> Emer Phone Nbr	<input type="checkbox"/> Pacific Islander
<input checked="" type="checkbox"/> Last Name	<input type="checkbox"/> State	<input type="checkbox"/> Former Generation	<input type="checkbox"/> Cell Area Cd	<input type="checkbox"/> Local Use 2	<input type="checkbox"/> Emer Ext	<input type="checkbox"/> White
<input type="checkbox"/> Generation	<input type="checkbox"/> Zip	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Cell Phone Nbr	<input type="checkbox"/> Email		
<input type="checkbox"/> Sex	<input type="checkbox"/> Zip+4	<input type="checkbox"/> DL State	<input type="checkbox"/> Local Restriction	<input type="checkbox"/> Home Email		
<input type="checkbox"/> DOB	<input type="checkbox"/> Addr Country	<input type="checkbox"/> DL Expir Date	<input type="checkbox"/> Public Restriction	<input type="checkbox"/> Employee Notes		

Certification

<input type="checkbox"/> Cert Type	<input type="checkbox"/> Specialty Area
<input type="checkbox"/> Cert Date	<input type="checkbox"/> Teaching Spec
<input type="checkbox"/> Date Expire	

Responsibility

<input type="checkbox"/> Campus	<input type="checkbox"/> Pop Served	<input type="checkbox"/> Class ID	<input type="checkbox"/> Job Code
<input type="checkbox"/> Role ID	<input type="checkbox"/> Nbr Of Students	<input type="checkbox"/> Class Type	
<input type="checkbox"/> Service ID	<input type="checkbox"/> Monthly Minutes	<input type="checkbox"/> ESC/SSA	

Employment

<input type="checkbox"/> Employee Status Code	<input type="checkbox"/> Yrs Professional Experience	<input type="checkbox"/> Contract Class	<input type="checkbox"/> Original Emp Date	<input type="checkbox"/> Extended Leave Begin	<input type="checkbox"/> Extract ID	<input type="checkbox"/> W-2 Elec Consent
<input type="checkbox"/> Highest Degree Achieved	<input type="checkbox"/> Yrs Professional in District	<input type="checkbox"/> Contract Term	<input type="checkbox"/> Latest Re-Employ Date	<input type="checkbox"/> Extended Leave End	<input type="checkbox"/> Fingerprint Status	<input type="checkbox"/> 1095 Elec Consent
<input type="checkbox"/> Percent Day Employed	<input type="checkbox"/> Yrs Non-Professional Experience	<input type="checkbox"/> Contract Year	<input type="checkbox"/> Retirement Date	<input type="checkbox"/> Take Retiree Surcharge	<input type="checkbox"/> Fingerprint Extract Date	<input type="checkbox"/> ERS Retiree Health Elig
<input type="checkbox"/> Est Annual Salary	<input type="checkbox"/> Yrs Non-Professional in District	<input type="checkbox"/> Grades Taught	<input type="checkbox"/> Termination Date	<input type="checkbox"/> NY Take Retiree Surcharge	<input type="checkbox"/> Fingerprint Date	<input type="checkbox"/> NY ERS Retiree Health Elig

Pay Information

<input type="checkbox"/> Pay Stat	<input type="checkbox"/> Pay Campus	<input type="checkbox"/> Tax Exempt	<input type="checkbox"/> W4 Marital Status	<input type="checkbox"/> Unemployment Flg	<input type="checkbox"/> TRS Status	<input type="checkbox"/> TRS Begin Date	<input type="checkbox"/> FSP Staff Data Cd
<input type="checkbox"/> Pay Dept	<input type="checkbox"/> Campus Name	<input type="checkbox"/> Nbr Exempt	<input type="checkbox"/> FICA Eligible	<input type="checkbox"/> EIC Code	<input type="checkbox"/> Health Ins Code	<input type="checkbox"/> End 90 Day Period	<input type="checkbox"/> Wholly Separate Amt
<input type="checkbox"/> Dock Rate							

Job Information

<input checked="" type="checkbox"/> Job Code	<input type="checkbox"/> Percent Assigned	<input type="checkbox"/> Payoff Date	<input type="checkbox"/> Pay Grade	<input type="checkbox"/> Daily Rate	<input type="checkbox"/> Overtime Eligible	<input checked="" type="checkbox"/> Workers' Comp Cd
<input type="checkbox"/> Job Descr	<input type="checkbox"/> Department	<input type="checkbox"/> Nbr Days Employed	<input type="checkbox"/> Pay Step	<input type="checkbox"/> Hrly Rate	<input type="checkbox"/> Overtime Rate	<input checked="" type="checkbox"/> Workers' Comp Annual
<input type="checkbox"/> Primary Job	<input type="checkbox"/> Pay Type	<input type="checkbox"/> Nbr Days in Contract	<input type="checkbox"/> Pay Schedule	<input type="checkbox"/> Pay Rate	<input type="checkbox"/> Hours/Day	<input checked="" type="checkbox"/> Workers' Comp Remain
<input type="checkbox"/> Prim Campus	<input type="checkbox"/> Calendar Code	<input type="checkbox"/> Local Contract Days	<input type="checkbox"/> State Step	<input type="checkbox"/> Base Annual	<input type="checkbox"/> TRS Position Cd	<input type="checkbox"/> Exempt Status
<input type="checkbox"/> Campus Name	<input type="checkbox"/> Contract Begin Dt	<input type="checkbox"/> Nbr of Annual Pymts	<input type="checkbox"/> Contract Total	<input type="checkbox"/> Accrual Cd	<input type="checkbox"/> State Minimum Salary	<input type="checkbox"/> Incr Pay Step
<input checked="" type="checkbox"/> Nbr Mon Contr	<input type="checkbox"/> Contract End Dt	<input type="checkbox"/> Remaining Pymts	<input type="checkbox"/> Contract Balance	<input type="checkbox"/> Accrual Rate	<input type="checkbox"/> TRS Year	<input type="checkbox"/> Vacant Position
<input type="checkbox"/> Yrs of Job Exper	<input type="checkbox"/> Yrs in Career Ladder	<input type="checkbox"/> Wkly Hrs Sched	<input type="checkbox"/> Wholly Sep Amt			

If the report displays an incorrect number of remaining payments, use [Human Resources > Utilities > Mass Update > Employee](#) tab to reset the number of remaining payments.