



Release Date: TxEIS/ASCENDER Update: 3.5.

Human Resources

Human Resources > Maintenance > Staff Demo > Responsibility

☐ **(Mandated Change)** Added the **Grade Level** field. This field must be populated if the **Pop Served** field is set to 06 and the **Role ID** field is set to either 033, 047, or 087. Otherwise, the field should be left blank.

Rows: 1 of 1

Campus: 001 001 School

Role ID: 033 - Educational Aide

Service ID: 01020000 - KINDER ELEM

Pop Served: 06 Special Ed Students

Grade Level: KG Kindergarten

of Students: 015

Class ID: 001a-ut-0-0000000

Class Type: 01 Regular

Monthly Minutes: 09000

ESC/SSA: School District Employee

Job Code:

PE Info:

Days Wk 1: 0	Min Wk 1: 0
Days Wk 2: 0	Min Wk 2: 0
Days Wk 3: 0	Min Wk 3: 0
Days Wk 4: 0	Min Wk 4: 0

[Refresh Service ID Setting](#)

Human Resources > Maintenance > Staff Job/Pay Data > Employment Info

☐ **(Mandated Change)** Added the **Paraprofessional Certification** check box allowing you to indicate whether a paraprofessional employee is certified.

Maintenance > Staff Job/Pay Data

SessionTimer: 237 min and 18 sec

Save

Employee: 000113 : BROWN, BILLY E

Retrieve Directory Documents

Employment Info Pay Info Job Info Distributions Deductions Leave Balance

Employee Status: 1 Active professional

Highest Degree: 2 Master's

Percent Day Employed: 100%

Eligible for Re-hire: ☐

Extract ID: SEP 10 MONTH EMPLOYEES

W-2 Elec Consent: N No

1095 Elec Consent:

Original Emp. Date: 08-20-1990

Latest Re-Employ Date: 08-20-1990

Retirement Date: 00-00-0000

Take Retiree Surcharge: ☐

NY Take Retiree Surcharge: ☐

Year Round: ☐

ERS Retiree Health Elig: ☐

NY ERS Retiree Health Elig: ☐

Primary Job Code: 0145 - SPP TEACHER

Primary EEOC:

Percent Assigned: 100%

Employment Type: F Half-Time or more

Retiree Employment Type:

PEIMS Auxiliary Role ID:

Highly Qualified: ☐

Paraprofessional Certification: ☐

Human Resources > Reports > HR Reports > Personnel Reports > HRS1250 - Employee Data Listing

☐ **(Mandated Change)** Added the **Paraprofessional Certification** check box to the **Personnel**

Information section.

Date Run: 09-29-2020 11:12 AM
Only Dist:

Employee Data Listing
ISD

Program: HRS1250
Page: 1 of 2
Frequency: 6

Emp Nbr: 000113 Emp Name: BROWN, BILLY E

Payroll Name & Primary Address		Former Name & Alternate Address		Primary Campus: 700 - 700 School	
Last: BROWN		Last: BROWN		Payroll Campus: 700 - 700 School	
First: BILLY		First: BILLIE		Info Restrict: N	Gender: M - Male
Middle: E		Middle: EDITH		Restrict Public: A	Marital Stat: M - Married
Title: Gen:		Title: Mis Gen: II		Local Area 1: TEACHER	Birth Date: 07-13-1962
Street: BOX 2349		Street: 4242 S PHELPS		Local Area 2:	Last Chg: 08-15-2019
City/St: Alamo City, TX		City/St: Alamo City, TX		Drivers Lic#: 64632218	TX
Zip Cd: 46119		Zip Cd: 46119		DL Expir Date:	Deceased: N
Country:				TRS Beg. Dt:	
Phone: (555) 675-8350	Cell: (555) 310-9141	Bus Ph: ()	Bus Ext:		Citizen: Y
Wk E-mail:		Hm E-mail:		Hispanic/Latino <input type="checkbox"/>	Black/African American <input type="checkbox"/>
Supplemental Address:				Asian <input type="checkbox"/>	American Indian/Alaskan Native <input type="checkbox"/>
Country:				White <input checked="" type="checkbox"/>	Native Hawaiian/Other Pacific Isl <input type="checkbox"/>
Delivery Name:				Bilingual:	
Emergency Contact: CHN Y		Relation: SPOUSE			
Phone: (555) 310-9140	Ext:				
Emergency Notes:					

Personnel Information

Employee Status:	1 - Active professional	Original Emp. Date:	08-20-1990	Primary Job Code:	0145 - SPP TEACHER
Highest Degree:	2 - Master's	Latest Reemploy Date:	08-20-1990	Primary EEOC:	
Percent Day Employed:	100%	Retirement Date:		Percent:	100%
Eligible for Rehire:	<input checked="" type="checkbox"/>	Take Retiree Surcharge:	<input type="checkbox"/>	Paraprofessional Certification:	<input type="checkbox"/>
Extract ID:	SEP - 10 MONTH	NY Take Retiree Surcharge:	<input type="checkbox"/>		
W-2 Elec Consent:	N	Year Round:	<input type="checkbox"/>	Employment Type:	F - Half-Time or more
1095 Elec Consent:		ERS Retiree Health Elig:	<input type="checkbox"/>	Retiree Employment Type:	
				NY ERS Retiree Health Elig:	<input type="checkbox"/>

☐ (Mandated Change) Added the **Grd Lvl** column to the **Staff Responsibilities** section.

Payroll Name & Primary Address		Former Name & Alternate Address		Primary Campus: 700 - 700 School	
Last: BROWN		Last: BROWN		Payroll Campus: 700 - 700 School	
First: BILLY		First: BILLIE		Info Restrict: N	Gender: M - Male
Middle: E		Middle: EDITH		Restrict Public: A	Marital Stat: M - Married
Title: Gen:		Title: Mis Gen: II		Local Area 1: TEACHER	Birth Date: 07-13-1962
Street: BOX 2349		Street: 4242 S PHELPS		Local Area 2:	Last Chg: 08-15-2019
City/St: Alamo City, TX		City/St: Alamo City, TX		Drivers Lic#: 64632218	TX
Zip Cd: 46119		Zip Cd: 46119		DL Expir Date:	Deceased: N
Country:				TRS Beg. Dt:	
Phone: (555) 675-8350	Cell: (555) 310-9141	Bus Ph: ()	Bus Ext:		Citizen: Y
Wk E-mail:		Hm E-mail:		Hispanic/Latino <input type="checkbox"/>	Black/African American <input type="checkbox"/>
Supplemental Address:				Asian <input type="checkbox"/>	American Indian/Alaskan Native <input type="checkbox"/>
Country:				White <input checked="" type="checkbox"/>	Native Hawaiian/Other Pacific Isl <input type="checkbox"/>
Delivery Name:				Bilingual:	
Emergency Contact: CHN Y		Relation: SPOUSE			
Phone: (555) 310-9140	Ext:				
Emergency Notes:					

Staff Responsibilities

Campus	Role ID	Service ID	Service ID Descr	Pop Srvd	Grd Lvl	Nbr Stu	Class ID	Class Type	Monthly Minutes	ESC / SSA	Job Code
001 - 001 School	PE Info:	114 SS003000	SCHL ADMIN - NONE	01		015	001aut00000000	01	09000		

End of Report

Human Resources > Reports > User Created Reports > HR Report

☐ (Mandated Change) Added the **Grade Level** check box to the **Responsibility** section.

☐ (Mandated Change) Added the **Paraprofessional Certification** check box to the **Employment** section.

Report Title <input type="text"/>					
Employee Nbr: <input type="text"/> <input type="checkbox"/> Active Employees Only					
Employee Demographic					
<input 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> Generation	<input type="checkbox"/> Zip	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Cell Phone Nbr	<input type="checkbox"/> Email	<input type="checkbox"/> Hispanic/Latino
<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"/> American Indian
<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	<input type="checkbox"/> Asian
					<input type="checkbox"/> African American
					<input type="checkbox"/> Pacific Islander
					<input type="checkbox"/> White
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"/> Days Wk 3	<input type="checkbox"/> Min Wk 2
<input type="checkbox"/> Role ID	<input type="checkbox"/> Nbr Of Students	<input type="checkbox"/> Class Type	<input type="checkbox"/> Days Wk 1	<input type="checkbox"/> Days Wk 4	<input type="checkbox"/> Min Wk 3
<input type="checkbox"/> Service ID	<input type="checkbox"/> Monthly Minutes	<input type="checkbox"/> ESC/SSA	<input type="checkbox"/> Days Wk 2	<input type="checkbox"/> Min Wk 1	<input type="checkbox"/> Min Wk 4
					<input checked="" type="checkbox"/> Grade Level
Employment					
<input type="checkbox"/> Employee Status Code	<input type="checkbox"/> Yrs Non-Professional Experience	<input type="checkbox"/> Original Emp Date	<input type="checkbox"/> Take Retiree Surcharge	<input type="checkbox"/> W-2 Elec Consent	<input type="checkbox"/> Termination Reason
<input type="checkbox"/> Highest Degree Achieved	<input type="checkbox"/> Yrs Non-Professional in District	<input type="checkbox"/> Latest Re-Employ Date	<input type="checkbox"/> NY Take Retiree Surcharge	<input type="checkbox"/> 1095 Elec Consent	<input type="checkbox"/> Termination Reason Descr
<input type="checkbox"/> Percent Day Employed	<input type="checkbox"/> Contract Class	<input type="checkbox"/> Retirement Date	<input type="checkbox"/> Extract ID	<input type="checkbox"/> ERS Retiree Health Elig	<input type="checkbox"/> Full Semester
<input type="checkbox"/> Est Annual Salary	<input type="checkbox"/> Contract Term	<input type="checkbox"/> Termination Date	<input type="checkbox"/> Fingerprint Status	<input type="checkbox"/> NY ERS Retiree Health Elig	<input type="checkbox"/> PEIMS Auxiliary Role ID
<input type="checkbox"/> Yrs Professional Experience	<input type="checkbox"/> Contract Year	<input type="checkbox"/> Extended Leave Begin	<input type="checkbox"/> Fingerprint Extract Date	<input type="checkbox"/> Employment Type	<input type="checkbox"/> Highly Qualified
<input type="checkbox"/> Yrs Professional in District	<input type="checkbox"/> Grades Taught	<input type="checkbox"/> Extended Leave End	<input type="checkbox"/> Fingerprint Date	<input type="checkbox"/> Retiree Employment Type	<input checked="" type="checkbox"/> Paraprofessional Certification



Back Cover