



Release Date: TxEIS/ASCENDER Update: 3.5.

Accounts Receivable

Accounts Receivable > Maintenance > Credit Memo

Corrected the issue that caused the following error to occur when the Accounts Receivable, Current, and Next accounting periods in Finance were all the same: “Invalid accounting period for Accounts Receivable in Finance Options.”

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.

The screenshot shows a form with the following fields and values:

- Campus: 001 001 School
- Role ID: 033 - Educational Aide
- Service ID: 01020000 - KINDER ELEM
- Pop Served: 06 - Special Ed Students
- Grade Level: KG Kindergarten (highlighted with a red circle)
- # of Students: 015
- Class ID: 001a-ut-0-0000000
- Class Type: 01 Regular
- Monthly Minutes: 09000
- ESC/SSA: School District Employee
- Job Code: (empty)
- 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 |

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

| 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:

Employee Nbr: Active Employees Only

Employee Demographic

Employee Nbr Staff ID/SSN Maiden Name Phone Area Cd Last Change Date Emer Contact Hispanic/Latino

Texas Unique Staff ID Address Number Former Prefix Phone Nbr Citizenship Relationship American Indian

Name Prefix Street/P.O. Box Former First Name Bus Phone Area Marital Stat Emer Notes Asian

First Name Apt Former Middle Name Bus Phone Nbr Other Language Emer Area Cd African American

Middle Name City Former Last Name Bus Ext Local Use 1 Emer Phone Nbr Pacific Islander

Last Name State Former Generation Cell Area Cd Local Use 2 Emer Ext White

Generation Zip Driver's License Cell Phone Nbr Email

Sex Zip+4 DL State Local Restriction Home Email

DOB Addr Country DL Expir Date Public Restriction Employee Notes

Certification Specialty Area Teaching Spec

Responsibility Campus Pop Served Class ID Job Code Days Wk 3 Min Wk 2 Grade Level

Cert Type Role ID Nbr Of Students Class Type Days Wk 1 Days Wk 4 Min Wk 3

Date Expire Service ID Monthly Minutes ESC/SSA Days Wk 2 Min Wk 1 Min Wk 4

Employment Employee Status Code Yrs Non-Professional Experience Original Emp Date Take Retiree Surcharge W-2 Elec Consent Termination Reason

Highest Degree Achieved Yrs Non-Professional in District Latest Re-Employ Date NY Take Retiree Surcharge 1095 Elec Consent Termination Reason Descr

Percent Day Employed Contract Class Retirement Date Extract ID ERS Retiree Health Elig Full Semester

Est Annual Salary Contract Term Termination Date Fingerprint Status NY ERS Retiree Health Elig PEIMS Auxiliary Role ID

Yrs Professional Experience Contract Year Extended Leave Begin Fingerprint Extract Date Employment Type Highly Qualified

Yrs Professional in District Grades Taught Extended Leave End Fingerprint Date Retiree Employment Type Paraprofessional Certification



ASCENDER®
ELEVATING TECHNOLOGY SOLUTIONS

Back Cover