



Release Date: TxEIS/ASCENDER Update: 3.5.

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."

Finance > Maintenance > Postings > Journal Actual

Corrected the issue that caused revenue and expenditure accounts to be out-of-balance when a journal voucher was deleted from this tab.

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

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

Employee:

Employee Status: <input type="text" value="1 Active professional"/>	Original Emp. Date: <input type="text" value="08-20-1990"/>	Primary Job Code: 0145 - SPP TEACHER
Highest Degree: <input type="text" value="2 Master's"/>	Latest Re-Employ Date: <input type="text" value="08-20-1990"/>	Primary EEOC:
Percent Day Employed: <input type="text" value="100%"/>	Retirement Date: <input type="text" value="00-00-0000"/>	Percent Assigned: 100%
Eligible for Re-hire: <input type="checkbox"/>	Take Retiree Surcharge: <input type="checkbox"/>	Employment Type: <input type="text" value="F Half-Time or more"/>
Extract ID: <input type="text" value="SEP 10 MONTH EMPLOYEES"/>	NY Take Retiree Surcharge: <input type="checkbox"/>	Retiree Employment Type: <input type="text"/>
W-2 Elec Consent: <input type="text" value="N No"/>	Year Round: <input type="checkbox"/>	PEIMS Auxiliary Role ID: <input type="text"/>
1095 Elec Consent: <input type="text"/>	ERS Retiree Health Elig: <input type="checkbox"/>	Highly Qualified: <input type="checkbox"/>
	NY ERS Retiree Health Elig: <input type="checkbox"/>	Paraprofessional Certification: <input type="checkbox"/>

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 Program: HRS1250

Cnty Dist: ISD 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	First: BILLY	Last: BROWN	First: BILLIE	Payroll Campus: 700 - 700 School	Info Restrict: N
Middle: E	Title: Gen:	Middle: EDITH	Title: Mis 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	Relation: SPOUSE	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:		Hm E-mail:		DL Expir Date:	TX
Supplemental Address:				TRs Beg. Dt:	Deceased: N
Country:				Hispanic/Latino <input type="checkbox"/>	Citizen: Y
Delivery Name:				Black/African American <input type="checkbox"/>	
Emergency Contact: CHN Y				Asian <input type="checkbox"/>	American Indian/Alaskan Native <input type="checkbox"/>
Phone: (555) 310-9140	Ext:			White <input checked="" type="checkbox"/>	Native Hawaiian/Other Pacific Isl <input type="checkbox"/>
Emergency Notes:				Bilingual:	

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	Birth Date: 07-13-1962
Zip Cd: 46119	Country:	Zip Cd: 46119	Country:	Local Area 2:	Last Chg: 08-15-2019
Phone: (555) 675-8350	Cell: (555) 310-9141	Bus Ph: ()	Bus Ext:	Drivers Lic#: 64632218	TX
Wk E-mail:	Supplemental Address:	Hm E-mail:	Relation: SPOUSE	DL Expir Date:	Deceased: N
	Country:			TRS Beg. Dt:	Citizen: Y
	Delivery Name:			Hispanio/Latino <input type="checkbox"/>	Black/African American <input type="checkbox"/>
Emergency Contact: CHN Y	Phone: (555) 310-9140			Asian <input type="checkbox"/>	American Indian/Alaskan Native <input type="checkbox"/>
Emergency Notes:				White <input checked="" type="checkbox"/>	Native Hawaiian/Other Pacific Isl <input type="checkbox"/>
				Bilingual:	

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

<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"/> Hispanio/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 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 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"/> Days Wk 3	<input type="checkbox"/> Min Wk 2	<input checked="" type="checkbox"/> Grade Level
<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	

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

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