



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 web form for staff responsibility. The 'Pop Served' field is set to '06 Special Ed Students' and the 'Grade Level' field is set to 'KG Kindergarten', which is circled in red. Other fields include Campus (001 001 School), Role ID (033 - Educational Aide), Service ID (01020000 - KINDER ELEM), # of Students (015), Class ID (001a-ut-0-0000000), Class Type (01 Regular), Monthly Minutes (09000), ESC/SSA (School District Employee), and Job Code. A 'PE Info' section contains a table for Days Wk and Min Wk for weeks 1 through 4, all set to 0. A 'Refresh Service ID Setting' link is at the bottom left.

PE Info:	
Days Wk 1:	0
Days Wk 2:	0
Days Wk 3:	0
Days 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
 Cnty 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	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		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
				TRs Beg. Dt:	Deceased: N
Supplemental Address:				Hispanic/Latino <input type="checkbox"/>	Citizen: Y
Country:				Black/African American <input type="checkbox"/>	
Delivery Name:				Asian <input type="checkbox"/>	American Indian/Alaskan Native <input type="checkbox"/>
Emergency Contact: CHN Y		Relation: SPOUSE		White <input checked="" type="checkbox"/>	Native Hawaiian/Other Pacific Isl <input type="checkbox"/>
Phone: (555) 310-9140				Bilingual:	
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		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:	Hispanic/Latino <input type="checkbox"/>	Citizen: Y
Wk E-mail:		Hm E-mail:		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:

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"/> 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 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



Back Cover