ASCENDER®
ELEVATING TECHNOLOGY SOLUTIONS

Release Date: **TxEIS/ASCENDER Update**: 3.5.

Accounts Receivable > Maintenance > Credit Memo

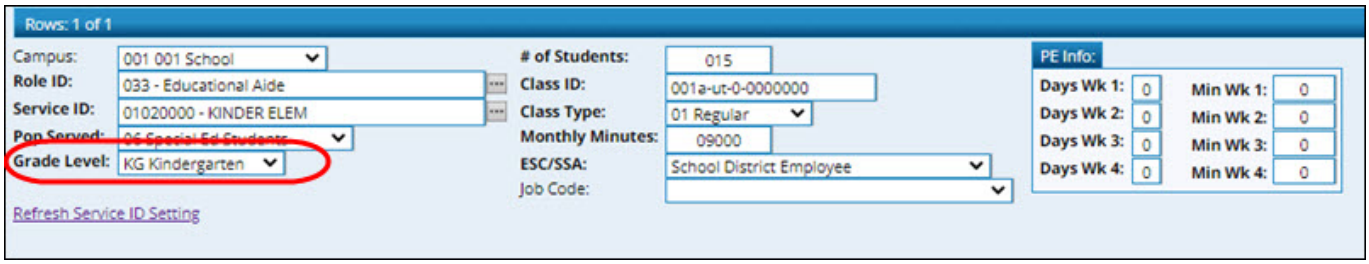
❑ Corrected the issue that caused the following error to occur when the Accounts Receivable, Current, and Next accounting periods in Finance were all the same: “Invalid accounting period for Accounts Receivable in Finance Options.”

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.

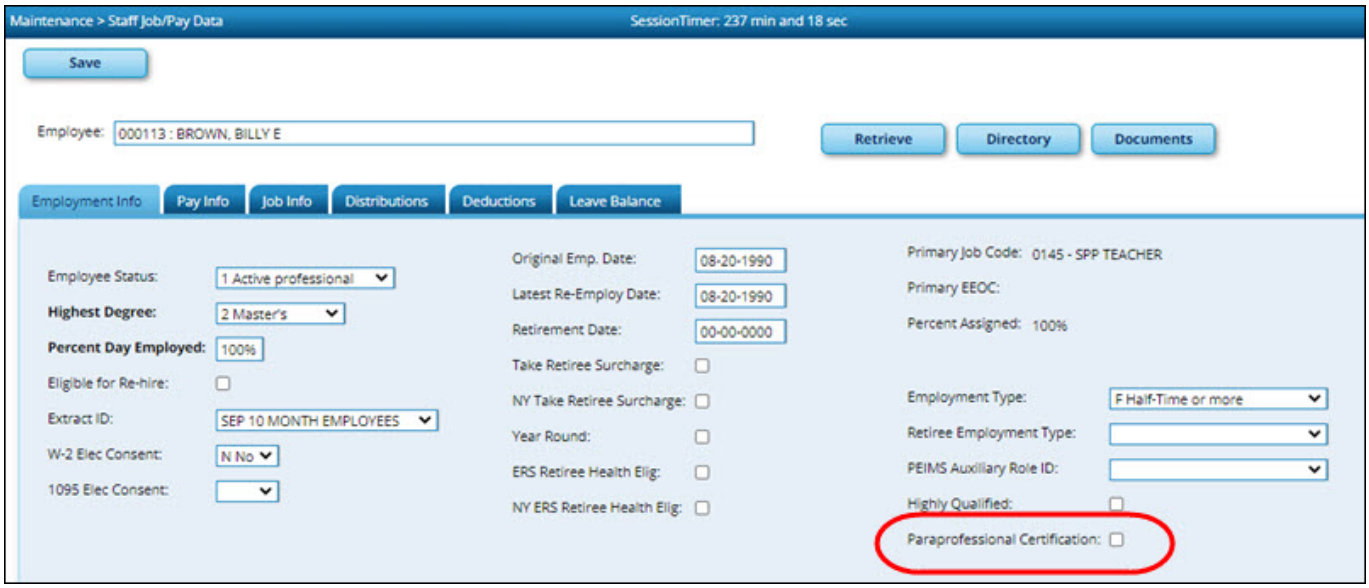
Human Resources > Maintenance > Staff Demo > Responsibility

❑ (**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.



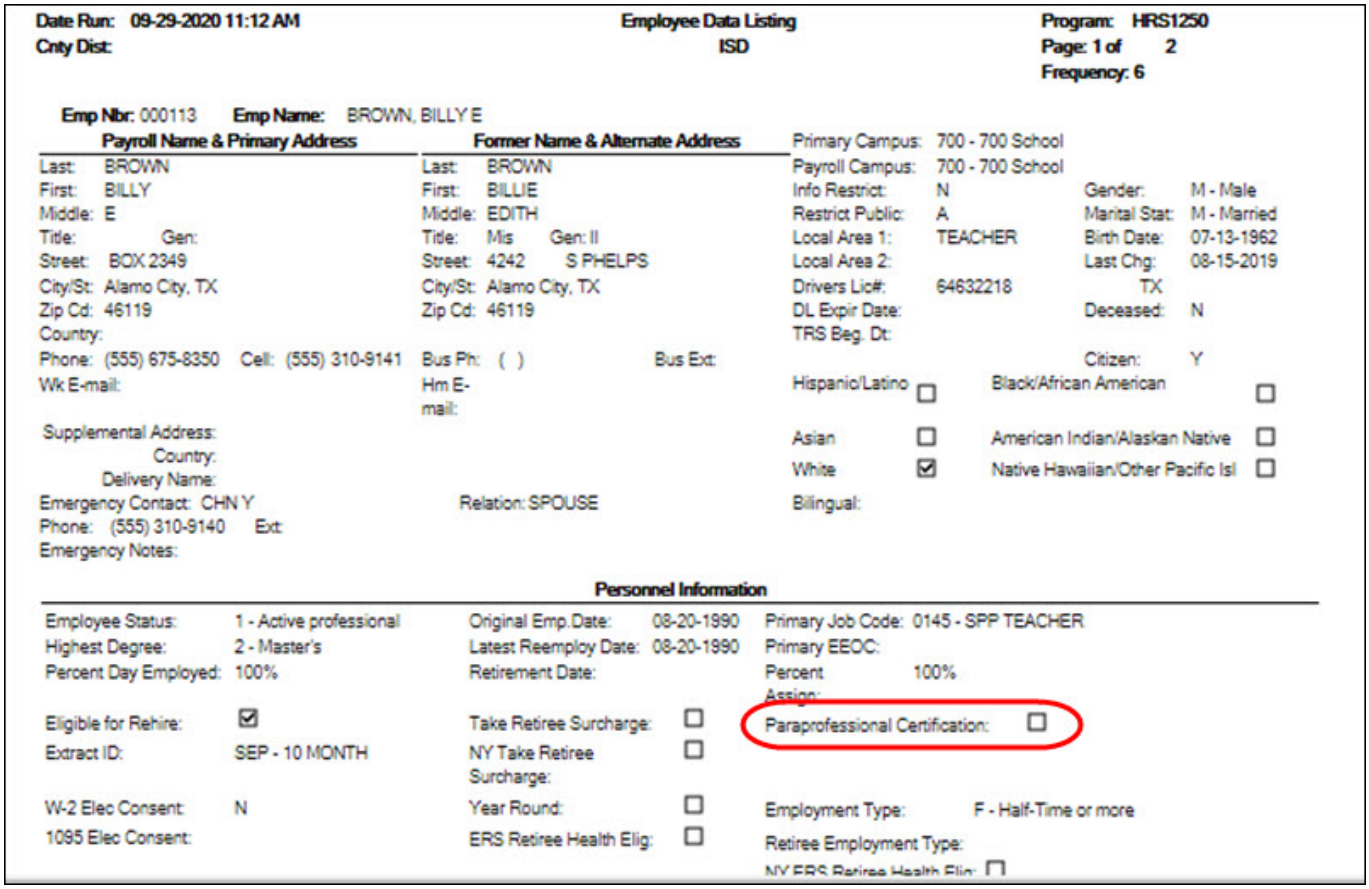
Human Resources > Maintenance > Staff Job/Pay Data > Employment Info

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

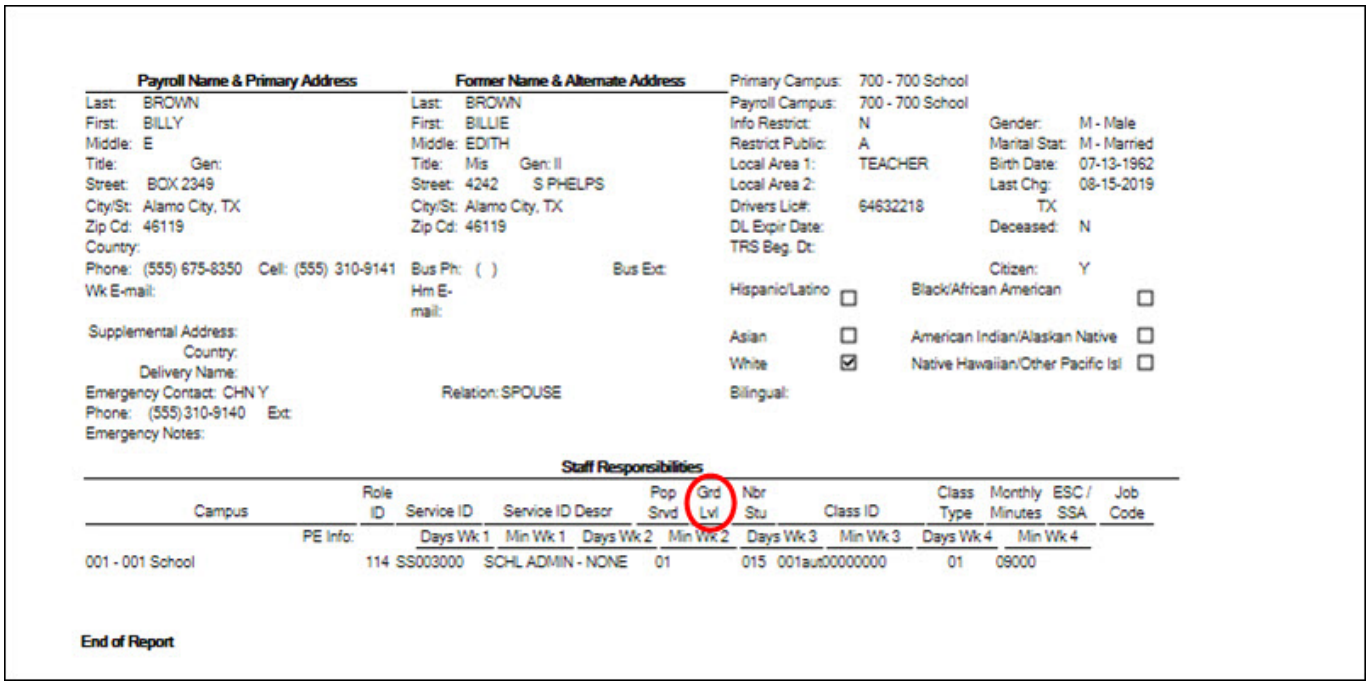


Human Resources > Reports > HR Reports > Personnel Reports > HRS1250 - Employee Data Listing

❑ (**Mandated Change**) Added the **Paraprofessional Certification** check box to the **Personnel Information** section.



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



Payroll Name & Primary Address
Last: BROWN
First: BILLY
Middle: E
Title: Gen:
Street: BOX 2349
City/St: Alamo City, TX
Zip Cd: 46119
Country:
Phone: (555) 675-8350 Cell: (555) 310-9141
Wk E-mail:

Former Name & Alternate Address
Last: BROWN
First: BILLIE
Middle: EDITH
Title: Mis Gen: II
Street: 4242 S PHELPS
City/St: Alamo City, TX
Zip Cd: 46119
Bus Ph: ( ) Bus Ext:
Hm E-mail:

Primary Campus: 700 - 700 School
Payroll Campus: 700 - 700 School
Info Restrict: N
Restrict Public: A
Local Area 1: TEACHER
Local Area 2:
Drivers Lic#: 64632218 TX
DL Expir Date:
TRS Beg. Dt:
Gender: M - Male
Marital Stat: M - Married
Birth Date: 07-13-1962
Last Chg: 08-15-2019
Deceased: N
Citizen: Y

Supplemental Address:
Country:
Delivery Name:
Emergency Contact: CHN Y
Phone: (555) 310-9140 Ext:
Emergency Notes:
Relation: SPOUSE

Hispanic/Latino ☐ Black/African American ☐
Asian ☐ American Indian/Alaskan Native ☐
White ☑ Native Hawaiian/Other Pacific Isl ☐
Bilingual:

Staff Responsibilities

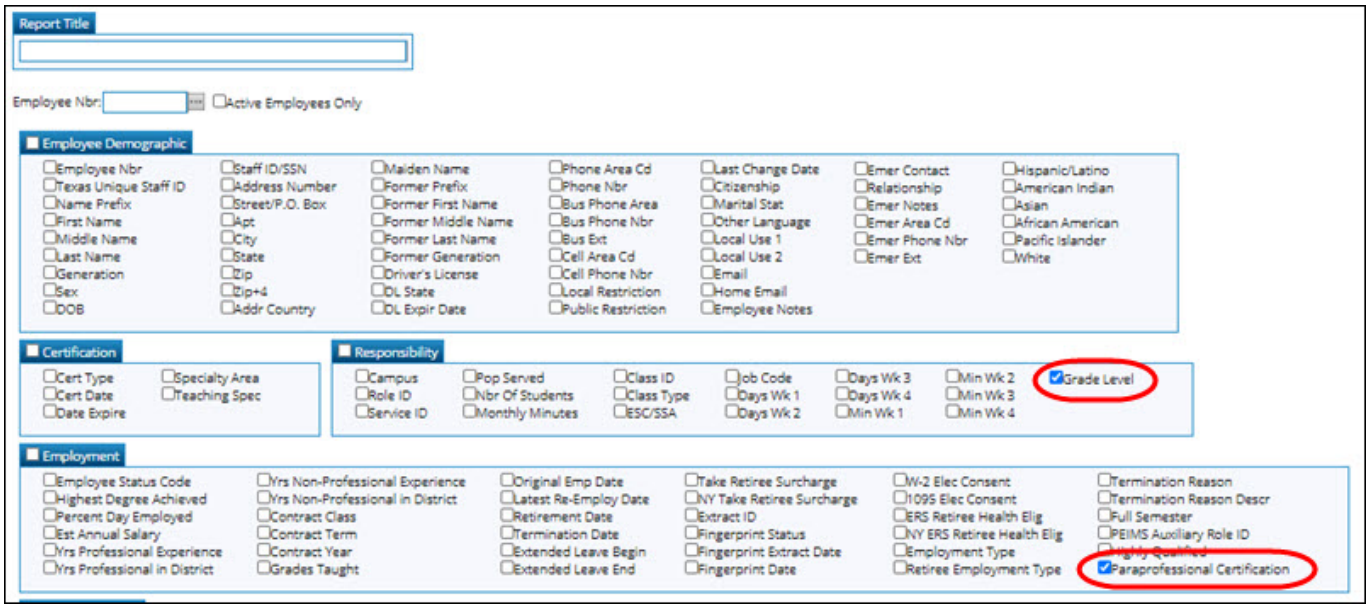
Campus	Role ID	Service ID	Service ID Descr	Pop Srvd	Grd Lvl	Nbr Stu	Class ID	Class Type	Monthly Minutes	ESC / SSA	Job Code
PE Info:		Days Wk 1	Min Wk 1	Days Wk 2	Min Wk 2	Days Wk 3	Min Wk 3	Days Wk 4	Min Wk 4		
001 - 001 School	114	SS003000	SCHL ADMIN - NONE	01		015	001aut00000000	01	09000		

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
☐Cert Type ☐Specialty Area
☐Cert Date ☐Teaching Spec
☐Date Expire

Responsibility
☐Campus ☐Pop Served ☐Class ID ☐Job Code ☐Days Wk 3 ☐Min Wk 2 ☑Grade Level
☐Role ID ☐Nbr Of Students ☐Class Type ☐Days Wk 1 ☐Days Wk 4 ☐Min Wk 3
☐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

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