



**KANSAS CITY
KANSAS
PUBLIC SCHOOLS**

Business Office 2010 N. 59th Street, Kansas City, KS 66104 • Phone: (913) 551-3200 • Fax: (913) 551-3264

DATE: April 01, 2018
TO: Certified Staff Electing Lump Sum
FROM: Tressie Brown, Sr. Payroll Specialist
RE: Withholdings and Deductions on Lump Sum Checks

According to our records, you have requested to receive your June and July pay in a lump sum. Please complete the attached form, and return it to the Business Office no later than **Friday, June 1, 2018**.

**ALL CHANGES TO EXEMPTIONS MUST BE MADE ON EMPLOYEE ONLINE
NO LATER THAN JUNE 5th**

EMPLOYEES NO LONGER NEED TO SUBMIT PERCENTAGES FOR TAX WITHHOLDING

In order for the exemptions that you elect to take effect by June 15TH, you must make your changes in the Business Plus Employee Online system **Beginning May 30nd through June 5th**. Any changes made after June 5th will not be reflected on your lump sum check. After logging in to Employee Online, select the link titled "Tax Info" in the blue column on the left side of the page, make any necessary edits, and click "Save". Please keep in mind **the system will only allow you to change your tax information once per pay period.**

The Payroll Department cannot be responsible for any changes to your federal or state tax exemptions. It is your responsibility to make any and all changes in Employee Online. *Please keep in mind, any changes you make will remain in place until you change them again.* Please return this acknowledgement form as soon as possible, but no later than 6/1/18. You may return it to the payroll office in person or fax it to (913) 551-3264.

Sincerely,

Tressie Brown

Sr. Payroll Specialist

Kansas City, KS Public Schools



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Employee Name _____

Employee ID# _____

- 1) I acknowledge that **I am responsible for making any desired changes to my federal and state income tax exemptions** in the Business Plus Employee Online system prior to 6/5/18. I understand that any changes I make will remain in place until I change them again. I understand that the Business Office cannot give tax advice, and I should consult with a tax professional if I have any questions regarding taxes or exemptions.
- 2) I acknowledge that the following deductions, if applicable, will be deducted at **4 times the standard rate** to reflect the 4 pay periods in June and July: Health insurance, dental insurance, vision insurance, optional group life insurance, short-term disability insurance, critical care insurance, flex spending, health savings accounts, 403(b) Roth, and 457 (b) Tax Sheltered Annuities.
- 3) I acknowledge that United Way contributions will be deducted at **2 times the standard rate** to reflect the month of June only.
- 4) I acknowledge that all garnishments or wage attachments, if applicable, must be deducted at the rate required by the court order. In most cases, this will be **4 times the standard rate**.
- 5) I acknowledge that if my pay is being docked, or I have entered into a payment arrangement with the district for any reason, the deduction will be calculated based on the existing agreement with the Human Resources Department. In most cases, this will be **4 times the standard rate**.

By signing below, I understand USD500 will make deductions from my June 15, 2018 check in accordance with the terms indicated above.

Signature

Date

Printed Name (as appears on check of deposit)

Building# or Loc Name

CERTIFIED EMPLOYEES ONLY LUMP SUM PAYMENT REQUEST FORM

NAME: _____

SCHOOL: _____ **DATE:** _____

ID NUMBER: _____

_____ **I am requesting lump sum payment, effective June 15, 2018.**

_____ **I am requesting that my lump sum payment be rescinded.**

All requests for lump sum payment must be made by *APRIL 30th* of the current school year as required by State statutes. Only those employees who are under a teacher's contract may request lump sum payment.

Employee Signature

Employee Printed Name

Please fax this form to: 913-551-3264) in the Payroll Business Office.

NOTE: The deadline for sending in this form is Friday, April 30, 2018.