



REPORTING REQUIREMENTS FOR SCHOOL EMPLOYERS: GUIDE TO PROVIDING INFORMATION TO NJDOL

The information below will help you properly fill in all the required fields in our reporting spreadsheet.

Section A, rows 1 through 8

C2 Fein: Enter full Federal Employer Identification Number without dashes in cell D2

C3 Name of School: Enter information in cell D3

E2 Contact Name: In cell **F2**, enter name of person to contact for additional information if needed

E3 Phone: Enter information in cell **F3**

E4 Email: Enter the email address in cell **F4** you would like us to use to request additional information if needed.

G2 Name: Enter the name of the person completing/authorizing this information in cell H2

G3 Title: Enter the title of the person completing this information in cell H3

G4 Date: Enter the date the form is completed in cell H4

Please check the box in G5 to certify

C5 What was the last day of the academic year or term: In cell D5, the last day students were in attendance (mm/dd/yy).

C6 What is the first day of the next academic year or term: In cell D6, the date students first return to class

C7 For your employees covered by a contract or collective bargaining agreement, what is the end date of the contract: In cell D8 enter the date (mm/dd/yy)

C8 Is your facility classified as an “educational institution” which is approved to operate as a school by the State Department of Education: Enter Yes or No in cell D8

C9 Is your facility for-profit: Answer Yes or No in cell D9

Section B, columns A11 through N11

List each employee under “Name of Employee” on the worksheet and answer the questions in columns B-N as appropriate; only complete columns J-M if the answer to I is "No").

Column B - Please include the full SSN for each employee in the ###-##-#### format

Column C - The official job title of the employee listed in Column A

Column D – Does this employee primarily work in an instructional capacity? - Answer yes if the employee is a Teacher/Substitute Teacher or works in a position that gives instruction to the students.

Column E – Type of employment: Enter Annual for full time salaried employees and either Daily, Substitute, Hourly, Stipend or Other for all other types of employment.

Column F - If the employee was covered under contract or collective bargaining agreement, were they paid through the end of the contract? (Yes, No, N/A): If No, explain in Column N.

Column G - For non-contractual employees, Actual last day of work: Please use the mm/dd/yy format. If an employee is contractual, leave column blank. **Do not use asterisks or dashes in any date field.**

Column H - If your facility is a Pre-School did this employee work in an Abbott, State Mandated Classroom or Expansion District Classroom? (Yes, No, N/A): If your facility is a pre-school, please answer 'yes' or 'no' as applicable. If your facility is not a pre-school, please answer 'n/a'.

Column I - Has any school official informed the employee that they will/may be working for you on a regular or substitute basis during the next academic year or term? (Yes/No): Please answer 'yes' or 'no' as applicable. If the employee has not or will not be offered a position for the upcoming academic year or term, please answer 'no'.

Column J—Is the position and salary the same or greater than the last term? (Yes/No): If your answer to this question is 'no', please answer columns J – M. If your answer to this question is 'yes', please only answer column N.

Column K – Title of position offered: List the official title of the employee's position for the upcoming academic year or term. (i.e., 4th Grade Science Teacher, Administrative Assistant, Bus Driver, etc.)

Column L – Is the salary offered for the next term less than 90% of that earned previously? (Yes/No): Confirm via 'yes' or 'no' response if gross annual or contractual salary for the upcoming academic year or term is less than 90% of the employee's gross salary in the previous academic year or term.

Column M – Was the employee informed orally or in writing (please specify - e.g. letter, source of oral or written notification): Describe how the employee was notified/offered the position for the upcoming academic year or term.

Column N – What is the date of the oral or written notification: Report date format as follows: MM/DD/YY. Please do not use dashes or asterisks in this field.

Column O – Reason for separation and other comments: List reason for separation and any other pertinent information you feel necessary in this field. Reason for separation can include, but is not limited to, reduction in force and/or lack of work, discharge, voluntary leaving.