

Welcome to the Employer Training Webinar!



1

Troubleshooting Tips

2

- Make sure your speakers are on & your volume is up
- Click off computer audio for a few seconds then click back on
- Exit and re-enter the webinar (use same link)
- Change your audio option (call in rather than listen by computer/device)

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- Exit and re-enter the webinar (use same link)
- Listen in by phone by calling the phone number in your reminder email; you will not be able to see the presentation until your connection is restored

Your connection fails



- Wait a few minutes, then re-join via the link in your reminder email
- Stand by while we try to resolve the issue
- If we are unable to fix the issue, we will end the session and send a follow-up email as soon as possible

MOSERS connection fails



Still having issues? Use the Questions Pane to send us a message.

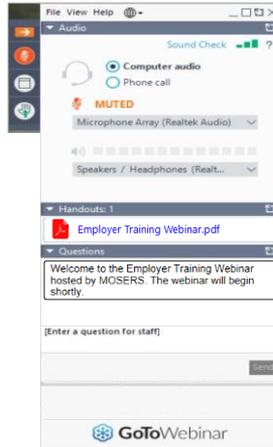
Control Panel

Open and close your control panel; to stop auto-hide feature, uncheck option in **View** menu.

Raise your hand:

- Green: hand is down
- Red: hand is up

Download Handouts in PDF format directly to your computer



Audio:

- Choose **Computer audio** to use VoIP
- Choose **Phone call** to call/dial in

Submit questions and comments via the Questions pane

TIP: You can move your control panel if it covers portions of your slide.

Employer Training Webinar



MOSERS Employer Services Team



Juanita Libbert
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MOSERS & Employers

GOALS:

- Learn more about the importance of submitting **leave of absence forms** and how leaves affect employee benefits administered by MOSERS.
- Learn how and when to submit **transfer forms** and **termination forms**.



Today's Resources



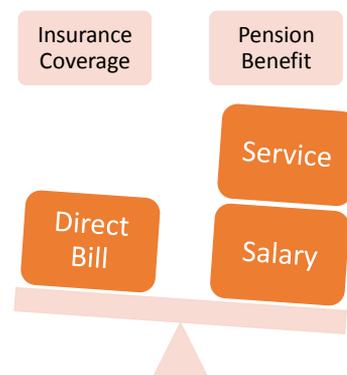
Handouts Pane

- Employer Training Webinar - slides
- Employer Forms FAQs
- Employer Forms Resource
- Leave of Absence Resources
 - Types of Leaves/Impact on MOSERS Benefits
 - Military
 - Flow Chart

Purpose of Forms

Employee data is reported to MOSERS via different forms. These forms help ensure reporting is accurate and submitted timely.

Missing or incorrect forms = Error Reports!

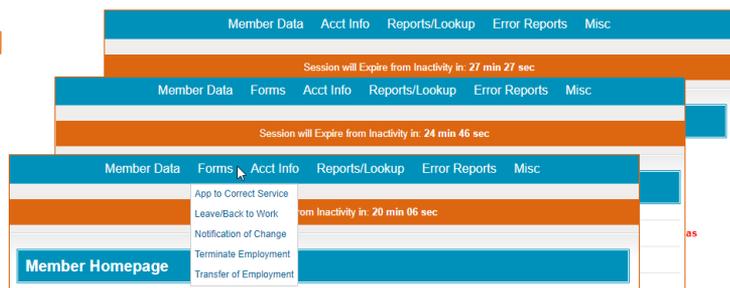


Types of Forms

| Name of Form | | | | |
|--------------------------------|--------------------|------------------------|----------------------|------------------------|
| Application to Correct Service | Leave/Back to Work | Notification of Change | Terminate Employment | Transfer of Employment |

Access Forms

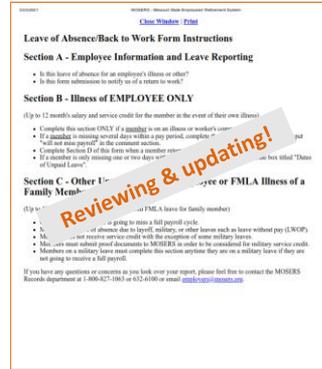
1. Log in with **Employer Login**
2. Enter **Employee's SSN**
(verify Member Homepage)
3. Access **Forms dropdown** to select form.



Leave of Absence/Back to Work Form

1. Reporting a leave of absence
 - a. Reason for leave
 - b. Effective date of leave
 - i. Dates of unpaid leave must match payroll
 - ii. Missing a full payroll?
 - iii. Insurance/direct bill?
2. Reporting salary
 - a. Gross salary
 - b. Shift differentials

Use [See Instructions Link](#)



Leave of Absence

Section A

Employee & Leave Information

- Is this leave of absence for an employee's illness or other?
- Is this form submission to notify us of a return to work?

Leave of Absence/Back to Work Form

[See Instructions](#)

Section A: Employee and Leave Information

SSN: XXX-XX-1234

Name: _____

Date of Birth: 3/8/1979

Department: 50

Agy/Division: 001

Org/Section: 0001

Employee Classification: Regular State (REG)

Please select one of the following to proceed:

Are you reporting a

Leave of Absence?

Illness of EMPLOYEE ONLY Other

Return to Work Only?



Leave of Absence

Section B

Complete if **employee** is on own

1. Medical/illness leave
2. FMLA
3. Worker's compensation

If employee is **not missing an entire pay period**, enter:

- Effective date of leave
- **'Will not miss payroll'** in the comment section
- Dates in "Dates of Unpaid Leave" field

**Impact on Retirement: For medical or FMLA leave - employee will receive service & salary credit for up to one year.
For Workers' Compensation - employee will receive service and salary credit while receiving these benefits.**



Leave of Absence

Section B: Illness of EMPLOYEE ONLY
(Submit for all partial pay, intermittent and unpaid leaves)

Reason for Leave of Absence: (Select one)

Illness

FMLA

Worker's Compensation and Case Number:

Effective Date of Leave: Month Day Year

Gross **MONTHLY** Salary \$

Prior to Leave Event:

Please list each date(s) the employee was in an Unpaid Leave Status. If the employee will be missing dates intermittently, please note that in the comments below.

List all Dates of Unpaid or Partial Leave

Comments: (optional)



Leave of Absence

Section C

Complete if
employee
is on

*Military on
next slide*



| Type of Leave | Submit <i>Leave of Absence</i> form... | Impact on retirement |
|--------------------------------|---|---|
| Layoff | At beginning of layoff period | No service credit or salary credit while in layoff status |
| Other (non-illness) | If employee misses an entire pay period | No service credit or salary credit |
| FMLA (family member) | If employee misses an entire pay period | Up to 12 weeks of credited service; no salary credit |



Leave of Absence

Section C (cont)

Complete if
employee is on

| Type of Leave | Submit <i>Leave of Absence</i> form... | Impact on retirement |
|-----------------|--|---|
| Military | At beginning of military leave | Service credit and salary credit for active-duty service after submission of valid DD 214 form, which indicates honorable discharge |

See [MOSERS Benefits During Military Leave](#) on MOSERS website.



Leave of Absence

Section C: Other Unpaid Leaves for Employee or Family

Just updated!

Effective Date of Leave:

Gross MONTHLY Salary \$

Prior to Leave Event:

Please select one of the following:

- Unpaid FMLA for family member *(Submit only if employee misses an entire pay period)*
 - Select Duration 12 week FMLA 26 week FMLA Military Care Giver Leave
- Layoff
- Military
- Other, please specify: *(Submit only if employee misses an entire pay period)*

Comments: (optional)



Leave of Absence

Section E Employer Information

Section E: Employer Information

Hiring HR Representative

Form Submitted

Work Phone

Email Address:



Leave of Absence – EXAMPLE: FMLA

Leave of Absence/Back to Work Form See Instructions

Section A: Employee and Leave Information

SSN: XXX-XX-1234
 Name: _____
 Date of Birth: 3/8/1979
 Department: 50
 Agcy/Division: 001
 Org/Section: 0001
 Employee Classification: Regular State (REG)

Please select one of the following to proceed:
 Are you reporting a
 Leave of Absence?
 Illness of EMPLOYEE ONLY Other
 Return to Work Only?

Section B: Illness of EMPLOYEE ONLY
 (Submit for all partial pay, intermittent and unpaid leaves)

Reason for Leave of Absence: (Select one)
 Illness
 FMLA
 Worker's Compensation and Case Number: _____

Effective Date of Leave: 03 | 16 | 2021
 Gross MONTHLY Salary: \$ 2,000.00
 Prior to Leave Event: _____

Please list each date(s) the employee was in an Unpaid Leave Status. If the employee will be missing dates intermittently, please note that in the comments below.

List all Dates of Unpaid or Partial Leave
 3/30, 3/31
 3/29 - 4 hours

Comments: _____ (optional)



When leave of absence is selected in Section A, a blue border appears around sections **B, D, & E**, indicating you need to complete these sections.

Section **C**, the section you do not need to complete, is grayed out.



Leave of Absence – EXAMPLE: OTHER

Leave of Absence/Back to Work Form See Instructions

Section A: Employee and Leave Information

SSN: XXX-XX-1234
 Name: _____
 Date of Birth: 3/8/1979
 Department: 50
 Agcy/Division: 001
 Org/Section: 0001
 Employee Classification: Regular State (REG)

Please select one of the following to proceed:
 Are you reporting a
 Leave of Absence?
 Illness of EMPLOYEE ONLY **Other**
 Return to Work Only?

Section C: Other Unpaid Leaves for Employee or Family

Effective Date of Leave: 03 | 16 | 2021
 Gross MONTHLY Salary: \$ 2,000.00
 Prior to Leave Event: _____

Please select one of the following:
 Unpaid FMLA for family member (Submit only if employee misses an entire pay period)
 Select Duration: 12 week FMLA 26 week FMLA Military Care Giver Leave
 Layoff
 Military
 Other, please specify: Unauthorized Absence (Submit only if employee misses an entire pay period)

Comments: _____ (optional)



When leave of absence is selected in Section A, a blue border appears around sections **C, D, & E**, indicating you need to complete these sections.

Section **B**, the section you do not need to complete, is grayed out.



Back to work – EXAMPLE

Leave of Absence/Back to Work Form

[See Instructions](#)

Section A: Employee and Leave Information

SSN: XXX-XX-1234

Name: _____

Date of Birth: 3/8/1979

Department: 50

Agy/Division: 001

Org/Section: 0001

Employee Classification: Regular State (REG)

Please select one of the following to proceed:

Are you reporting a

Leave of Absence?
 Illness of EMPLOYEE ONLY Other
 Return to Work Only?

Section D: Back to Work

Effective Date of Return: 04 | 01 | 2021

Gross MONTHLY Salary at return to work: \$ 2,000.00

Comments: _____ (optional)

Section E: Employer Information

Hiring HR Representative: Shelley R Lehmann

Form Submitted: 3/24/2021

Work Phone: 573 | 632 | 1241

Email Address: shellely@mosers.org

Submit

Notice the blue boxes!

Submit when Employee returns to work full time



Transfer of Employment Form

Completed by hiring agency when an employee transfers from one MOSERS covered position to another and has **not missed 30 calendar days** of payroll. Also used for internal or payroll transfers.

NOTE: The previous HR rep should complete a *Termination Form*.



Hiring employer must enroll employee in SEBES if:

- Returning to state employment after missing 30 calendar days of payroll; or
- Transferring from Dept. of Conservation, Highway Patrol, Dept. of Transportation, or a state college or university (except State Tech and Lincoln University)



Transfer of Employment Form

Section A

Employee information - most should be pre-populated from entering employee's social security number

Section A: Member Information

SSN: XXX-XX-1234

Name: _____

Address Line 1:

Address Line 2:

City:

State:

Zip Code:

Primary Phone Number: - - Extension Cell

Alternate Number(s): - - Extension Work

- - Extension

Email Address:

Alternate Email Address:



Transfer of Employment Form

Section B

Transfer information

- Fill in termination date from previous agency
- Fill in start date with hiring agency
- Review hiring dept., agency, & organization information
- Select retirement type and employee type



Transfer of Employment Form

Section B: Transfer Information

Term Date (Org Change) From Previous Department/Agency:

04 23 2021

Start Date (Org Change) With Hiring Department/Agency:

04 26 2021

Hiring Agency:

Department: 50

Agy/Division: 01

Org/Section: 1234

Transfer Information (select one):

Regular State (REG)

- RS - Regular State Employee
- CS - Dept. of Conservation
- CT - Contract Position (Teachers)
- WU - Uniformed Water Patrol
- KS - Part-Time Employee of the Gen. Assembly - Leg. Clerk

Judge (JDG)

- JS1 - Chief Justice of Supreme Court
- JS2 - Justice of Supreme Court
- JS3 - Appellate Court Judge
- JS4 - Circuit Court Judge
- JS5 - Associate Circuit Court Judge (1st, 2nd, & 3rd Class County Juvenile Commissioner)
- JS6 - Probate Commissioner (Greene, Deputy Probate Comm, Family, & Drug Ct Comm)
- JS7 - Probate Commissioner (Jackson, STL City, STL County)

Other

- AS - Administrative Law Judge (ALJ)
- LS - Legislator (LEG)
- ES - Elected Official (REG)
- TS - Public School Retirement (TCH)



Transfer of Employment Form

Section C

Employer information

Please verify employer's phone number & submit

Section C: Employer Information

Hiring HR Representative

Form Submitted 4/05/2021

Work Phone 573

Submit



Termination of Employment Form

Section A

Employee information

- Verify contact information
- Review email addressees - delete if will be invalid for the employee after termination
- Select appropriate retirement system type



Termination of Employment Form

Electronic Termination of Employment Form

* Optional Fields

Section A: Member Information

SSN: .XXX-XX-1234

Name: _____

Address Line 1: _____

Address Line 2: 123 Sesame Street

City: Jefferson Cty

State: MO

Zip Code: 65109

Primary Phone Number: 573 - [] - [] Extension [] Cell

Alternate Number(s): 573 - [] - [] Extension [] Work

_____ Extension [] _____

Email Address: shelley@previousemployer.mo.gov * Delete if invalid **after** termination. This information is very important to MOSERS.

Alternate Email Address: mypersonalemail@gmail.com * Delete if invalid **after** termination. This information is very important to MOSERS.

Department/Agency: 50 - 001 Organization: 0001

Retirement System Type:

- Regular System Type (REG)
- Administrative Law Judge (ALJ)
- Elected State Official (REG)
- Legislative Clerk (REG)
- Judge (JDG)
- Legislator (LEG)
- Public School Retirement (TCH)



Termination of Employment Form

Section B Termination - Date

Retirement (general state employees)

- Term date is last calendar day of month (retirement date is first day of next month)
- Submit form no later than first week of month in which employee is retiring (no earlier than 2 months)

Voluntary or involuntary termination

- Include last day as active employee (or last day of paid/unpaid leave)
- Do not include regular days off
- This is not the SAMII ESMT date

Termination of Employment Form

Section B Termination

Work-related felony

- If convicted on/after 8/28/2014, of certain felonies (state law or similar offense under federal law), employee forfeit all rights to pension benefits accrued on or after 8/28/2014, for self & beneficiaries
- Essentially crimes against state/employer, such as: stealing or receiving stolen money, property, or service valued at \$5,000 or more, forgery, counterfeiting, bribery of a public servant, or acceding to corruption

MOSERS Employer Login

- Does employee terminating have access?
- This will not affect their access to myMOSERS or ESS Portal

Termination of Employment Form

Section B: Termination

Termination Date:

Is this termination due to a work-related felony? Yes No

Comments:

Is the employee who is leaving an HR/payroll representative with access to the MOSERS employer portal? Yes No

Please **do NOT include general comments** in the comments field!

Termination of Employment Form

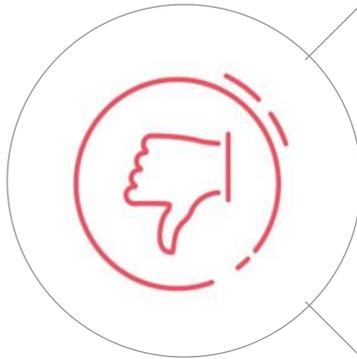


Lag payroll (college/universities)

Corrected/revise termination date, new date is [date] or date should have been [date]

Last payroll will include contract payoff or comp time payout – will not include annual leave payment

Termination of Employment Form



Resigned
 Leaving for another employer, state agency, etc.
 Not vested...OR...Employee vested
 Dismissed...OR...Involuntary termination
 Resigned C.O.B. [date]
 Last day paid [date] vs last day worked [date]
(do you need to submit a leave form?)
 Employee retiring state service
 Retirement effective [date]
 Transfer

Termination of Employment Form

Section C

Reason for termination

- Termination of employment (not vested)
- Transfer of employment (to another state agency)
- Terminated-vested (is vested)
- Retirement
- Deceased
- Disability

Termination of Employment Form

Section C: Reason for Termination

Just updated!

- Termination of employment** - Employee is not vested and not eligible for a retirement benefit.
- Transfer of Employment** - Employee is transferring from a state agency under MOSERS to another agency under MOSERS.
Transferring to what agency:
- Terminated-Vested** - Employee has left state employment and is eligible for a future retirement benefit.
- Retirement** - Employee is eligible for immediate retirement. Please make sure employee has contacted MOSERS.
- Deceased** - Date of Death - -
Could death be job-related? Yes No
Was Worker's Compensation notified? Yes No
Last date physically at work - -
- Disability** - Employee is terminating because of a disability.



Termination of Employment Form

Section D

Unused sick leave

- Complete this portion for non-SAMII agencies and Department of Conservation employees
- SAMII agencies – automatic

Section D: Unused Sick Leave

- Required for non-SAM II agencies and Conservation Department.

- Enter whole number of hours.

Total accrued unused sick leave at date of termination: HOURS (not days)



Termination of Employment Form

Section E

Payroll information

- Enter date of last payroll
- If payroll received after termination is this employee a lag payroll (university employee)?

| | |
|--|---|
| Section E: Payroll Information | |
| Last Payroll will be: | Month <input type="text"/> - Day <input type="text"/> - Year <input type="text"/> |
| Section F: Employer Information | |
| Hiring HR Representative | |
| Form Submitted | 4/05/2021 |
| Work Phone | 573 <input type="text"/> <input type="text"/> <input type="text"/> |
| <input type="button" value="Submit"/> | |

Section F – Employer Information – please verify phone number.



HR Update

Home > Employers > Employer Resources > HR Update

HR Update

HR Update is a way for MOSERS to communicate benefit news and updates with human resource and payroll representatives. Check back often and sign up to receive our emails.

Welcome Our New Employer Services Manager!

Mar 16, 2021, 11:29 AM By MOSERS

It is our pleasure to introduce Jamie Mullen as our new employer services manager. As our former assistant benefit officer, with more than ten years of service working for MOSERS, Jamie is an expert regarding members' benefits and employer relations. Jamie will be providing direction, oversight, employer training, and educational programs to communicate complex statutes, benefit information, and employer representative procedures simply and accurately. He will lead the implementation of all procedures related to submitting contributions accurately and timely. Working as a direct contact to employers, Jamie will oversee all communication and employer relations. We are thrilled to have Jamie continue his work with MOSERS in the employer services manager position.

Contact Jamie:
 Email: jmullen@mosers.org
 Phone: (573) 632-6133

HR Update Subscription

Sign up to receive benefit news straight to your inbox

Email Address

Subscribe Un-Subscribe

Security Code **98392**

Enter the security code before submitting



Questions?



BY EMAIL

Employers@mosers.org



EMPLOYERS WEBPAGE

mosers.org/employers



BY PHONE

(800) 827-1063
(573) 632-6100

SECURITY TIP – refrain from using employee's SSN in your email communications to MOSERS.



Q & A Session

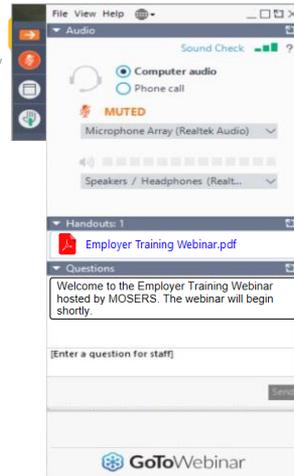
Join us for a 30 minute
open question and
answer session.



Control Panel

Open and close your control panel

To stop auto-hide feature, uncheck option in **View** menu.



Continue to submit your text questions and comments via the Questions panel

www.mosers.org

THE WEBINAR HAS ENDED

Thank you for attending, please provide your feedback in the evaluation survey.

THANK YOU!

TECHNICAL ISSUES

We are having a technical problem with our webinar.

PLEASE STAND BY



TECHNICAL ISSUES

We have been unable to determine and/or fix our technical problem and will follow up via e-mail with instructions for registering for another session.

We apologize for the inconvenience.

