| County Name | _____ | County Number | _____ |
|---|---|---|---|
| District Name | _____ | District Number | _____ |

### FLEXIBLE BENEFIT ALLOWANCE
70 O.S. §§ 26-101 through 26-105
October Data Collection

**Complete Form Upon Receipt and <u>HOLD</u> for Regional Accreditation Officer**
The following information will be used to create an "adjusted" allocation for the
Flexible Benefit Allowance (FBA) and "In Lieu of FBA" based upon the **October 2013** count.

(Check one)

**PAYMENT OF INSURANCE:**          [  ] Month of Coverage

(How is your insurance paid?)          [  ] In Arrears of Coverage

                                       [  ] Pay in Advance of Coverage

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**Number of Staff Identified for Flexible Benefit Allowance for FY2014**

**CERTIFIED PERSONNEL:** Report below (1 & 2) a "head count" of all certified personnel as identified on the "Oklahoma Annual Certified Personnel Report" (excluding Superintendents). Be sure to include personnel from **all funds**.

**(1) FBA as Insurance (Major Medical Insurance)**

Start of Contract:  July     Aug.     Sept.

[  ]  [  ]  [  ]  = _____ *Total

(6 / 6)  (5 / 7)  (4 / 8)

**\*Total of all three boxes should equal total employees for this category.**
Total will be multiplied by **$463.99 / $484.87** for adjusted allocation.
RAO's Notes (1):

**(2) In Lieu of FBA (Taxable Compensation)**

Start of Contract:  July     Aug.     Sept.

[  ]  [  ]  [  ]  = _____ *Total

(6 / 6)  (5 / 7)  (4 / 8)

**\*Total of all three boxes should equal total employees for this category.**
Total will be multiplied by **$69.71** for adjusted allocation.
RAO's Notes (2):

**SUPPORT PERSONNEL:** Report below (3 & 4) only those support personnel employed a minimum of six (6) or more hours per day who hold a "position" that is defined as a minimum of 172 days or a minimum of 1,032 hours per year from **all funds**.

**(3) FBA as Insurance (Major Medical Insurance)**

Start of Contract:  July     Aug.     Sept.

[  ]  [  ]  [  ]  = _____ *Total

(6 / 6)  (5 / 7)  (4 / 8)

**\*Total of all three boxes should equal total employees for this category.**
Total will be multiplied by **$463.99 / $484.87** for adjusted allocation.
RAO's Notes (3):

**(4) In Lieu of FBA (Taxable Compensation)**

Start of Contract:  July     Aug.     Sept.

[  ]  [  ]  [  ]  = _____ *Total

(6 / 6)  (5 / 7)  (4 / 8)

**\*Total of all three boxes should equal total employees for this category.**
Total will be multiplied by **$189.69** for adjusted allocation.
RAO's Notes (4):

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**I hereby certify that this report is true and correct according to the records on file in this office.**

_____ personally appeared before me and subscribed and swore to

<span style="font-size:smaller">Superintendent's Signature</span>

the above report this_____ day of_____ 2013.

My Commission Expires_____          Notary Public_____

<span style="font-size:smaller">Notary Public's Signature</span>

**(Notary Seal)** _____          _____

<span style="font-size:smaller">Regional Accreditation Officer's Signature</span>                                              <span style="font-size:smaller">Date</span>