

County Number _____ County Name _____
District Number _____ District Name _____

FLEXIBLE BENEFIT ALLOWANCE

70 O.S. §§ 26-101 through 26-105

October Data Collection

Complete Form Upon Receipt and HOLD 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 2015** count.

PAYMENT OF INSURANCE: (How is your insurance paid?) (Check one)

Month of Coverage

In Arrears of Coverage

Pay in Advance of Coverage

Number of Staff Identified for Flexible Benefit Allowance for FY2016

CERTIFIED Report below (1 & 2) a "head count" of all certified personnel as identified on the "Oklahoma Annual Certified PERSONNEL: 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.

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 = _____
(6 / 6) (5 / 7) (4 / 8) *Total

*Total of all three boxes should equal total employees for this category.

Total will be multiplied by \$499.42 / \$526.88 for adjusted allocation.

RAO's Notes (1):

(2) In Lieu of FBA (Taxable Compensation)

Start of Contract: July Aug. Sept.

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 = _____
(6 / 6) (5 / 7) (4 / 8) *Total

*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 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.

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 = _____
(6 / 6) (5 / 7) (4 / 8) *Total

*Total of all three boxes should equal total employees for this category.

Total will be multiplied by \$499.42 / \$526.88 for adjusted allocation.

RAO's Notes (3):

(4) In Lieu of FBA (Taxable Compensation)

Start of Contract: July Aug. Sept.

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 = _____
(6 / 6) (5 / 7) (4 / 8) *Total

*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):

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
Superintendent's Signature

the above report this _____ day of _____, year _____.

My Commission Expires _____

Notary Public _____

Notary Public's Signature

(Notary Seal)

Regional Accreditation Officer's Signature

Date