

WEST VIRGINIA DIVISION OF JUVENILE SERVICES

POLICY NUMBER:



PAGES:

3

CHAPTER:

Administration and Management

REFERENCE AND RELATED STANDARDS:

WV Code Chapter § 49-2-903; ACA 3-JDF-1C-17/18

SUBJECT: Compensation and Benefits

DATE: January 1, 2018

PURPOSE

The Division of Juvenile Services falls under the civil service system of the State of West Virginia and follows the Division of Personnel's job classification and compensation plan. The Division also offers fringe benefits for all its employees.

CANCELLATION

This Policy has been revised and supersedes Policy 140.00 dated January 1, 2016.

APPLICABILITY

This Policy applies to all Division of Juvenile Services' employees.

PROCEDURE

1. Compensation

- a. All DJS position vacancies are filled through the Division of Personnel applicant screening and referral procedures. Each job classification has an established pay grade with a salary range that specifies a minimum or entry salary and a maximum salary.
- b. After reaching three years of service on the first day of July in any fiscal year, an employee is eligible to receive an annual increment pay equal to sixty dollars times the total number of years of service.

2. Fringe Benefits

The Division of Personnel has made available to all state personnel a wide range of benefits which include, but are not limited to, insurance benefits, retirement benefits, paid holidays, annual and sick leave. There are also supplemental programs available for insurance, cafeteria plan deductions and miscellaneous payroll deductions for Credit Union and savings plans. The details

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of these plans are available from the facility business office, Central Office, or the Division of Personnel.

3. Expense Reimbursements

- a. Expense reimbursements will be in accordance with state travel rules and state purchasing and payment guidelines. Travel may be authorized only for official business.
- b. Travel expenses will be reimbursed for legitimate and reasonable expenses considered necessary for the proper conduct of state business.
- c. Employee travel must be approved in advance by their supervisor/Facility Superintendent/Director and Division Director/designee.
- d. Staff who request direct bill hotel reservations but do not stay or cancel may be responsible for any charges incurred by the Division for that reservation.
- e. Request for in-state travel must be submitted on the DJS Travel Request from (Attachment #1).
- f. Request for out-of-state travel must be submitted on the Travel Authorization Form found at: http://www.state.wv.us/admin/purchase/Travel/wvtmo1.pdf.
- g. Travel Expense Reports must be completed by the employee on the required expense form and have all required receipts and forms attached before submitting for approval. This form can be found at:

 http://www.state.wv.us/admin/purchase/Travel/tmexp_replaced20150701.pdf.

 The approved travel request form must also be included with any expense sheet.
- h. Receipts for meals and incidentals must be the valid, itemized receipt issued by the vendor or service provider documenting the transaction and an employee will be reimbursed for the total amount allowable based on the receipts provided, not to exceed the maximum allowable daily per diem. Maximum daily per diem rates can be accessed at www.gsa.gov.
- i. Travel regulations are set by the State of West Virginia's Auditor's Office and can be accessed at: http://www.state.wv.us/admin/purchase/travel/TravelRule.pdf.
- 4. Each facility will adopt this policy in its entirety and no operational procedure will be developed.

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RIGHTS RESERVED

The Director reserves the right to modify, suspend or cancel any provision herein in part or entirety, without advance notice, unless prohibited by law.

APPROVED:

Director

Date

WEST VIRGINIA DIVISION OF JUVENILE SERVICES TRAVEL REQUEST FORM

NAME:	DATE:		
FACILITY/HEADQUARTERS:	:		
DESTINATION:	DATES OF TRAVEL:TO _		
PURPOSE OF TRAVEL:			
DATE Training/meeting begins: DATE Training/meeting ends:			
Approximate Cost* of Lodging: \$ Approximate cost of Meals: Cost of Training (Registration/Tuition Fees) Method of Transportation: State Vehic		\$ \$ \$	
Airline – a Personal v	pproximate cost of ticket	\$ \$	
Estimated Total cost of travel:		\$	
Please provide an explanation if there are no	applicable costs (i.e., rooming, riding with,		
Signatures:			
Traveler:		Date:	
Supervisor:		Date:	
Regional Director:		Date:	
Division/Deputy Director:		Date:	

A COPY OF THIS <u>APPROVED</u> TRAVEL REQUEST MUST BE ATTACHED TO YOUR TRAVEL EXPENSE REIMBURSEMENT FORM WHEN SUBMITTING FOR PAYMENT TO CENTRAL OFFICE

*Staff who make direct bill hotel reservations but do not stay and do not cancel will be responsible for any charges incurred by the Division for that reservation.