

	WEST VIRGINIA DIVISION OF JUVENILE SERVICES	<u>POLICY NUMBER:</u> 140.00	<u>PAGES:</u> 2
<u>CHAPTER:</u> Administration and Management	<u>REFERENCE AND RELATED STANDARDS:</u> WV Code Chapter § 49-2-903; ACA 3-JTS-1C-19/20; ACA 3-JDF-1C-17/18; ACA 3-JCRF-1C-07		
<u>SUBJECT:</u> Compensation and Benefits			
<u>DATE:</u> January 1, 2016			

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 Directive 1.36 dated October 1, 2007.

APPLICABILITY

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

PROCEDURE

1. Compensation

As the Division of Juvenile Services falls under the civil service system, the classified 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. 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 of these plans are available from the facility business office, Central Office, or the Division of Personnel.

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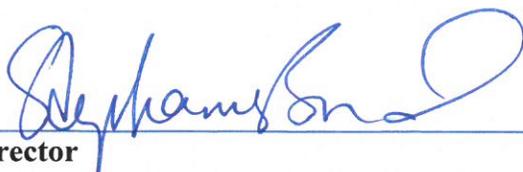
3. Expense Reimbursements

- 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. Travel must be approved in advance by an employee from their supervisor/Facility Superintendent/Director and Division Director/designee.
 - d. Request for in-state travel must be submitted on the DJS Travel Request form (Attachment #1).
 - e. 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>.
 - f. 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.
 - g. 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.
 - h. 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.

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

1/1/16

 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: _____ TIME Training/meeting begins: _____

DATE Training/meeting ends: _____ TIME Training/meeting ends: _____

Approximate Cost of Lodging: \$ _____ X _____ nights = \$ _____

Approximate cost of Meals: \$ _____

Cost of Training (Registration/Tuition Fees) \$ _____

Method of Transportation: _____ State Vehicle

_____ Airline – approximate cost of ticket \$ _____

_____ Personal vehicle –

approximate cost: _____ miles x _____ per mile \$ _____

Estimated Total cost of travel: \$ _____

Please provide an explanation if there are no applicable costs (i.e., rooming, riding with, meals provided, etc.):

Signatures:

Traveler: _____ Date: _____

Supervisor: _____ Date: _____

Regional Director: _____ Date: _____

Division/Deputy Director: _____ Date: _____

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