

**ORANGE COUNTY  
DEPARTMENT  
OF EDUCATION**

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[www.ocde.us](http://www.ocde.us)

**STEFAN BEAN Ed.D.**  
County Superintendent  
of Schools

**ORANGE COUNTY  
BOARD OF EDUCATION**

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September 23, 2024

To: Directors, Business & Human Resources  
Managers and Supervisors, Payroll & Human Resources

From: Javaid Ashraf, MBA, Director, Business Systems and Innovation  
Louis Mazzarini, Director, Information Technology

**Subject: 2024 Total Compensation Letter Offering**

The Orange County Department of Education (OCDE) began providing Total Compensation Letter services to school districts in 2004. Many districts have participated in this offering and found the letters to be a valuable tool in sharing important information with their employees.

We are pleased to offer this service again for the 2024 calendar year. Please take some time to review the attached sample letters and documentation. There are two (2) versions of the attached letter.

If your district would like to participate, please use the link below to complete the online Total Compensation Letter Request form.

[2024 Total Compensation Letter Offer Request](#)

Due to the amount of time invested in preparing these letters, we are asking that all interested districts submit the online request form by **Friday, October 25, 2024**. The deadline for submitting data for inclusion in the letters is **Monday, December 2, 2024**.

All total compensation letters will be made available to employees through the Employee Information System (<https://my.ocdeapps.us>). Participating districts will also have the option to have the letters mailed directly to employees as well. As in prior years, postage will be billed back to districts.

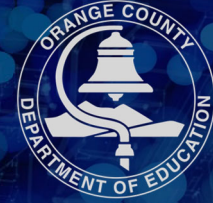
Total compensation letters will be made available for employees to view/download from the Employee Information System one week after employee W-2s become available. W-2s are expected to be available by the second week of January, 2025. Letters will be mailed to employees during the first week of February, 2025.

If you have any questions regarding data submission requirements or timelines, please contact the Payroll Help Desk at (714) 966-4335 or by email at [payrollsystemsupport@ocdeapps.us](mailto:payrollsystemsupport@ocdeapps.us).

ENCLOSURES

CC: Assistant Superintendents, Business and Human Resources

# TOTAL COMPENSATION LETTER: 2024 DATES & DEADLINES



10/25/24

- TCL Request Form Due

12/02/24

- TCL Data File Due (NON-HR 2.0 Districts)

12/06/24  
by 5:00 PM

- Last Day for Data Entry

12/11/24

- TCL Proofs Posted for District Review

12/11/24-01/08/25

- TCL Proof Approval Due

District  
LOGO  
HERE

## VERSION A

### Example Unified School District Employee Compensation Report Calendar Year 20XX

DATE: 01/XX/20XX

TO: Test A. Employee  
123 Main Street  
Costa Mesa, CA 92626

FROM: Janice Doe, Assistant Superintendent of Human Resources

Under separate cover you received your annual W-2 statement for the 20XX tax year. Because the W-2 form reports only taxable income, we thought you would be interested in knowing your total EUSD compensation.

Your Employee Compensation Report for the calendar year is below. This report itemizes your total compensation, including your salary and benefits. If you have any questions, please contact the Payroll Department at (714) 555-5555.

#### EUSD PAID SALARY COSTS

Primary Job:	Work Location:	Gross Earnings:
CAMPUS SUPERVISION LIASON	MAIN HIGH SCHOOL	\$42,029.39

#### EUSD PAID BENEFIT COSTS

##### Retirement

Public Employees Retirement	\$ 5,472.24
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##### Other Statutory Benefits

Medicare	\$ 609.43
State Unemployment	\$ 452.26
OASDI	\$ 2,605.79
Workers Compensation	\$ 520.27

##### Health & Welfare Benefits

District Medical Plan	\$ 5,384.16
District Dental Plan	\$ 752.64
District Vision Plan	\$ 172.92
Life Insurance \$50,000	\$ 48.00

<i>Total EUSD Paid Benefits:</i>	\$16,017.71
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#### EUSD PAID COSTS

Total Earnings:	\$42,029.39
Total Benefits:	\$16,017.71
Total EUSD Compensation:	\$ 58,047.10

We are proud of the wonderful programs and services offered to students, educators, and the community. Our EUSD family makes this possible. Congratulations and thank you.

District  
LOGO  
HERE

## VERSION B

### Example Unified School District Employee Compensation Report Calendar Year 20XX

DATE: 01/XX/20XX

TO: Test A. Employee  
123 Main Street  
Costa Mesa, CA 92626

FROM: Janice Doe, Assistant Superintendent of Human Resources

Under separate cover you received your annual W-2 statement for the 20XX tax year. Because the W-2 form reports only taxable income, we thought you would be interested in knowing your total EUSD compensation.

Your Employee Compensation Report for the calendar year is below. This report itemizes your total compensation, including your salary and benefits. If you have any questions, please contact the Payroll Department at (714) 555-5555.

#### EUSD PAID SALARY COSTS

Primary Job: CAMPUS SUPERVISION LIASON	Work Location: MAIN HIGH SCHOOL	Gross Earnings: \$42,029.39
Schedule: CL HOURLY	RANGE: V	STEP: 7

#### EUSD PAID BENEFIT COSTS

##### Retirement

Public Employees Retirement	\$ 5,472.24
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##### Other Statutory Benefits

Medicare	\$ 609.43
State Unemployment	\$ 452.26
OASDI	\$ 2,605.79
Workers Compensation	\$ 520.27

##### Health & Welfare Benefits

District Medical Plan	\$ 5,384.16
District Dental Plan	\$ 752.64
District Vision Plan	\$ 172.92
Life Insurance \$50,000	\$ 48.00

<b>Total EUSD Paid Benefits:</b>	<b>\$16,017.71</b>
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#### EUSD PAID COSTS

Total Earnings:	\$42,029.39
Total Benefits:	\$16,017.71
<b>Total EUSD Compensation:</b>	<b>\$ 58,047.10</b>

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# Total Compensation Letter Data Submission Requirements

## Employee File

This is required for districts not using HR 2.0 data. 1 record per employee.

File Name: 2 Digit District Number + Employee (i.e. 94Employee)

File Type: Excel (.xlsx) or CSV (.csv)

EMPLOYEE FILE LAYOUT			
Field Name	Size	Data Type	Description
District Number	X(3)	Text	Example: OCDE = 094
Employee ID	X(10)	Text	Employee Id
Job Title	X(20)	Text	Employee's Primary Job Title
Work Location	X(50)	Text	Employee's Primary Work Location
*Salary Schedule	X(15)	Text	Employee's Primary Job Salary Schedule
*Range	X(5)	Text	Employee's Primary Job Range
*Step	X(5)	Text	Employee's Primary Job Step
*Stipends	X(30)	Text	Employee's additional stipends - Example: Longevity 5%, Liaison 5%
*As of Date	X(10)	Date	Date salary information was extracted. MM/DD/YYYY format

\*OPTIONAL – Required if you wish to display salary schedule and/or stipend information

## Health Benefit File

This is required for districts not using HR 2.0 data. Employees may have multiple records.

File Name: 2 Digit District Number + Benefit (i.e. 94Benefit)

File Type: Excel (.xlsx) or CSV (.csv)

HEALTH BENEFIT FILE LAYOUT			
Field Name	Size	Data Type	Description
District Number	X(3)	Text	Example: OCDE = 094
Employee ID	X(10)	Text	Employee Id
Benefit Sequence	X(2)	Text	Order benefit should appear on letter. Ex: 01, 02, etc
Benefit Description	X(30)	Text	Description of benefit. Ex: Blue Shield - Medical Insurance
Amount	X(10)	Number	Total dollar amount of the benefit paid for employee

## Data Upload

All files should be uploaded via the Secure Upload. Select Document Type Total Compensation Upload. Participating districts must submit their file(s) by **December 2, 2024**.

Please contact the Payroll Help Desk at [payrollsystemsupport@ocdeapps.us](mailto:payrollsystemsupport@ocdeapps.us) with any questions.