




**LOCAL BORDER SECURITY PROGRAM FY 2014 (LBSP-14)  
APPLICATION**

<b>1. APPLICANT NAME (Jurisdiction):</b> HIDALGO COUNTY CONSTABLE PRECINCT 4									
<b>2. COUNTY:</b> HIDALGO COUNTY									
<b>3. TYPE:</b>	<input type="checkbox"/> City Government <input checked="" type="checkbox"/> County Government								
<b>3. PAYMENT TYPE:</b>	<input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> One-Time Advance Payment								
<b>4. REQUESTED PERIOD OF PERFORMANCE (NOT TO EXCEED AUGUST 31, 2014)</b> <p align="center"><b>JANUARY 17, 2014 THROUGH AUGUST 31, 2014</b></p>									
<b>6. CHECKLIST OF APPLICATION ATTACHMENTS:</b> (See the Local Border Security Program 2014 (LBSP- 14) Guide for information about these forms.)									
<input checked="" type="checkbox"/> Designation of Grant Officials (Form A-2). <input checked="" type="checkbox"/> Application for State Assistance (Form A-3). The Authorized Official must sign this form. <input checked="" type="checkbox"/> Financial Cost Estimate (Form A-4). The Grant Financial Officer must sign this form. <input checked="" type="checkbox"/> Assurances and Certifications (Form A-5). The Authorized Official must sign this form. <input checked="" type="checkbox"/> Statement of Work (Form A-6) <input checked="" type="checkbox"/> Direct Deposit Authorization Form (Form 74-176). The Grant Financial Officer must sign this form. <input checked="" type="checkbox"/> Copy of local overtime policy. <input checked="" type="checkbox"/> Copy of pay schedule during the grant period.									
<b>7. CERTIFICATION</b>									
<p>I certify, by signing this document that the information provided within is accurate, and that I have the legal authority to apply for State assistance. I also understand that this serves as a request for consideration for grant funding and that applying does not guarantee an award will be received. This Application, together with the Local Border Security Program FY2014 (LBSP-14) Guide, constitutes the work plan for the Applicant listed above. If funded the undersigned will be required to agree to and comply with all terms, conditions, and statements of work for the Local Border Security Program FY 2014 (LBSP-14).</p>									
_____ Authorized Official (Original Signature)	<table style="width:100%; border: none;"> <tr> <td style="width: 20%; text-align: center;">Date</td> <td style="width: 40%; text-align: center;"></td> <td style="width: 20%; text-align: center;">Date</td> <td style="width: 20%; text-align: center;"><u>1/25/13</u></td> </tr> <tr> <td></td> <td style="text-align: center;">Grant Performance Officer (Original Signature)</td> <td></td> <td></td> </tr> </table>	Date		Date	<u>1/25/13</u>		Grant Performance Officer (Original Signature)		
Date		Date	<u>1/25/13</u>						
	Grant Performance Officer (Original Signature)								

Email\* or Mail completed forms and application materials to:

Texas Homeland Security  
State Administrative Agency  
ATTN: LBSP  
1033 La Posada, Ste. 160  
Austin, TX 78752

SAA-LBSP@dps.texas.gov

\*Note: Email submission is preferred. Applications must be received by the THSSAA by 5PM CDT on December 13, 2013

**LOCAL BORDER SECURITY PROGRAM FY2014 (LBSP-14)  
DESIGNATION OF GRANT OFFICIALS**

<b>GRANT:</b>	LOCAL BORDER SECURITY PROGRAM FY2014 (LBSP-14)
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<b>GRANT PERIOD:</b>	January 17, 2014 – August 31, 2014
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<b>AGENCY NAME:</b>	HIDALGO COUNTY CONSTABLE PRECINCT 4
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<b>Grant Performance Officer (This is typically your Chief or Sheriff)</b>	
<i>Name</i>	JOSE EDUARDO "EDDIE" GUERRA
<i>Title</i>	CONSTABLE
<i>Official Mailing Address</i>	2814 S. BUSINESS HIGHWAY 281 EDINBURG, TEXAS 78539
<i>Daytime Phone Number</i>	956-383-8560
<i>Fax Number</i>	956-383-8565
<i>E-mail Address</i>	CONSTABLE4@CO.HIDALGO.TX.US

<b>Grant Financial Officer (This is typically your CFO or County Auditor)</b>	
<i>Name</i>	Ray Eufrazio
<i>Title</i>	HIDALGO COUNTY AUDITOR
<i>Official Mailing Address</i>	2808 S. BUSINESS HIGHWAY 281 EDINBURG, TEXAS 78539-6243
<i>Daytime Phone Number</i>	956-318-2511
<i>Fax Number</i>	956-318-2577
<i>E-mail Address</i>	RAY.EUFRACIO@AUDITOR.CO.HIDALGO.TX.US

<b>Authorized Official (This must be the County Judge, Mayor, or City Manager*)</b> <i>*Note: If someone else is authorized to apply for and accept grant funds for the Jurisdiction, a letter from the governing body indicating such Signature Delegation should be attached with the Application.</i>	
<i>Name</i>	RAMON GARCIA
<i>Title</i>	HIDALGO COUNTY JUDGE
<i>Official Mailing Address</i>	302 WEST UNIVERSITY EDINBURG, TEXAS 78539
<i>Daytime Phone Number</i>	956-318-2600
<i>Fax Number</i>	956-318-2699
<i>E-mail Address</i>	RAMON.GARCIA@CO.HIDALGO.TX.US

*If at any point during the grant period these POC's change, make necessary changes and resubmit this form immediately to [SAA-LBSP@dps.texas.gov](mailto:SAA-LBSP@dps.texas.gov) .*

## APPLICATION FOR STATE ASSISTANCE

<b>1. NAME OF PROGRAM/ ASSISTANCE:</b> LOCAL BORDER SECURITY PROGRAM FY2014 (LBSP- 14)	<b>2. APPLICANT STATUS:</b> <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> One time Advance
<b>3. START DATE:</b>  JANUARY 17, 2014	<b>4. END DATE:</b>  AUGUST 31, 2014
<b>5. APPLICANT INFORMATION</b>	
<b>a. Legal Name of Applicant Organization (as it appears on the LBSP- 14 Application/Form A-1):</b> HIDALGO COUNTY CONSTABLE PRECINCT 1	<b>b. Name &amp; Telephone Number of Grant Performance Officer:</b> JOSE EDUARDO "EDDIE" GUERRA 956-383-8560
<b>c. Mailing Address:</b> 2814 S. BUSINESS HIGHWAY 281 EDINBURG, TEXAS 78539	<b>d. Physical Address (if different from Mailing Address):</b> SAME
<b>6. EMPLOYER IDENTIFICATION NUMBER / TAX ID #</b> 74-6000717	
<b>7. ESTIMATED EXPENSES:</b>	
a. Salary & Benefits (from line ___ Form A-4)	\$101,465.56
b. Travel Expenses (from line ___ Form A-4)	\$0.00
c. Operating Expenses (from line ___ Form A-4)	\$14,918.40
d. Total Expenses (A + B + C)	\$116,383.96
<b>8. CERTIFICATION:</b> I certify that to the best of my knowledge and belief this application and its attachments are true and correct.	
a. Typed Name of Authorized Official:	RAMON GARCIA
b. Title of Authorized Official:	HIDALGO COUNTY JUDGE
c. Original Signature of Authorized Official:	
d. Date Signed:	

### INSTRUCTIONS FOR THIS FORM

Item 2: Indicate whether the applicant is a City or a County and whether the Jurisdiction will request a one-time advance if funded.

Item 5a: Enter the legal name of your jurisdiction. Your entry should match the Applicant Name used on the LBSP-14 Program Application (Form A-1).

Item 6: This 9-digit number should match the number on your Form 74-176. If you do not supply this number we CANNOT award you any grant funds.

Item 7: The data in this section should match the information included on the Financial Cost Estimate (Form A-4).

Item 8: This form must be signed by the Authorized Official who is a person authorized by the governing body of the jurisdiction to apply for and accept grants.

**FINANCIAL COST ESTIMATE**

**1. NAME OF PROGRAM / ASSISTANCE:** Local Border Security Program FY 2014

**2. APPLICANT NAME:** HIDALGO COUNTY CONSTABLE PRECINCT 4

**3. ESTIMATED MONTHLY EXPENSES:**

a. *Personnel Estimate*

Position	Number of Personnel	Hourly Rate	Overtime Rate (Time and 1/2)	Number of O/T Hours per Person per Day	Number of Days	Salary	FICA 7.65%	Total Salary & Fringe
SGT IV	1	\$25.24	\$37.87	8	4	\$1,211.72	\$92.70	\$1,304.42
SGT I	1	\$22.77	\$34.15	8	4	\$1,092.90	\$83.61	\$1,176.51
SR- DEP III	2	\$22.17	\$33.26	7	4	\$1,862.54	\$142.48	\$2,005.02
SR DEP II	3	\$21.42	\$32.14	8	4	\$3,085.00	\$236.00	\$3,321.00
DEP II	4	\$19.48	\$29.21	8	4	\$3,739.39	\$286.06	\$4,025.46
DEP II	1	\$18.82	\$28.23	7	4	\$790.33	\$60.46	\$850.79
<b>Total Personnel Estimates</b>								<b>\$12,683.20</b>

b. *Travel & Per Diem Estimate*

Position	Number of Personnel	Commercial Travel Costs	Mileage from / to County	Estimated Ave. Daily Miles	Number of Days	Total Mileage Cost	Hotel Rate \$85 Maximum	Hotel Tax Rate	Meals \$36 Maximum	Travel Totals
						\$0.00		\$0.00		\$0.00
						\$0.00		\$0.00		\$0.00
<b>Total Travel &amp; Per Diem Estimate</b>										<b>\$0.00</b>

c. *Operational Cost Estimate*

Number of Cars	Number of Miles per Car	Number of Days	Rate per Mile	Subtotal
12	70	4	\$0.555	\$1,864.80
<b>Total Operational Cost Estimate</b>				<b>\$1,864.80</b>

\*NOTE: Estimate either for fuel or mileage, not both.

**FILL IN SHADED FIELDS ONLY**

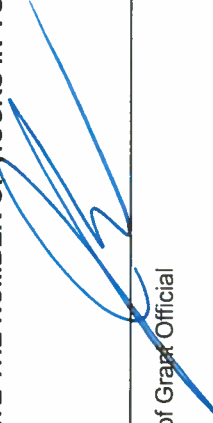
**4. NUMBER OF MONTHS IN THE GRANT PERIOD:**

**5. ARE YOU PAID MONTHLY OR BI-MONTHLY:**

**6. INDICATE THE NUMBER OF HOURS IN YOUR PAY PERIOD:**

X

Signature of Grant Official



Reimbursement  X

**8. TYPE OF PAYMENT YOU PREFER: (check one)**

ONE TIME Advance Payment Request

**7. TOTAL AMOUNT OF APPLICATION**

a. Personnel Estimate	Total Grant
b. Travel & Per Diem Estimate	\$101,465.56
c. Operational Cost Estimate	\$0.00
<b>Total Expenses</b>	
	<b>\$116,383.96</b>

**State of Texas Assurances and Certifications  
State Uniform Administrative Requirement for Grants and Cooperative Agreements,  
Subpart B, §\_14**

Note: Certain of these assurances may not be applicable to your program. If you have any questions, please contact the awarding agency.

NAME OF APPLICANT	GRANT PROGRAM
HIDALGO COUNTY CONSTABLE PRECINCT 4	Local Border Security Program FY 2014 (LBSP-14)

**This form includes Assurances and Certifications that must be read, signed, and submitted as a part of the Application for State Assistance.**

As the duly authorized representative of the applicant, I hereby certify that the applicant (subgrantee) will comply with the assurances and certifications below.

Ramon Garcia	HIDALGO COUNTY JUDGE
Typed Name of Authorized Official	Title
Signature of Authorized Official	Date Signed

**ASSURANCES**

**(1) RELATIVES.** A subgrantee must comply with Texas Government Code, Chapter 573, by ensuring that no officer, employee, or member of the applicant's governing body or of the applicant's contractor shall vote or confirm the employment of any person related within the second degree of affinity or the third degree of consanguinity to any member of the governing body or to any other officer or employee authorized to employ or supervise such person. This prohibition shall not prohibit the employment of a person, who shall have been continuously employed for a period of two years, or such other period stipulated by local law, prior to the election or appointment of the officer, employee, or governing body member related to such person in the prohibited degree.

**(2) PUBLIC INFORMATION.** A subgrantee must insure that all information collected, assembled, or maintained by the applicant relative to a project will be available to the public during normal business hours in compliance with Texas Government Code, Chapter 552, unless otherwise expressly prohibited by law.

**(3) OPEN MEETINGS.** A subgrantee must comply with Texas Government Code, Chapter 551, which requires all regular, special, or called meetings of governmental bodies to be open to the public, except as otherwise provided by law or specifically permitted in the Texas Constitution.

**(4) CHILD SUPPORT PAYMENTS.** A subgrantee must comply with Section 231.006, Texas Family Code, which prohibits payments to a person who is in arrears on child support payments.

## Statement of Work (SOW) for LBSP Grant Funds 2014

### *State Objective of LBSP 2014 Funds*

The State of Texas will assist in the execution of coordinated border security operations and facilitate the conduct of sustained interagency law enforcement activities in conjunction with Federal, Local and Tribal agencies to disrupt, deter, interdict, and thereby dominate criminal activity associated with the movement—northbound and southbound—of illicit traffic through the Texas border region and throughout Texas in order to reduce border-related crime, contribute to the reduction of potential acts of terror within Texas and the United States, and increase the security and quality of life of Texans in order to:

- Increase the effectiveness and impact of Steady State and Surge Operations.
- Increase the amount and quality field intelligence (BIAR, INT-7, or similar field reporting of gang, cartel, drug activity, and border violence, terrorism, and other criminal activity information to the JOIC's and BSOC for overall unified command partner awareness.
- Reduce border-related criminal activity in Texas.
- Implement and increase the effectiveness of operational methods, measures, and techniques for outbound/southbound operations.
- Decrease the supply of drugs smuggled into and through Texas from Mexico.
- Disrupt and deter operations of gang and cartel criminal organizations.
- Target and decrease the use of specifically targeted tactics (such as conveyance methods) for drugs in the Texas border region.
- Decrease use of specific areas for crime as targeted in directed action missions.
- Increase the effectiveness of air operations mission planning and prioritization.
- Continue to exercise and integrate air-ground team operations to include TMF aviation, CBP Air and Marine, DPS Aircraft Section, and USCG aviation support.
- Based upon intelligence and analysis, increase the effectiveness of directed action missions to ensure they target specific organizations and areas as identified through intelligence and apprehensions in known geographical areas and on organizations operating in these areas.
- Increase the number and quality of analytical intelligence products developed at Unified Command and State levels based on quality information available.
- Increase intelligence based operations at Unified Command level through integration of TxMap, sector specific information, and employment of intelligence analysts.

### **1). How do you locally plan to ensure that the State Objectives are executed in your area?**

The Hidalgo County Constable Precinct 4 Office intends on meeting the States objectives through:

- Targeted patrol based on intelligence-driven data to address border related criminal activity.
- Saturation of identified crime areas with increased enforcement
- Information sharing and combined criminal enforcement operations with law enforcement partners to maximize effectiveness.
- Increased emphasis on multiagency border operations

**2). Explain in detail what strategies/tactics you will use to accomplish these objectives?**

The Hidalgo County Precinct 4 Constable's Office will through:

- Increased participation in UC meetings and teleconferences while proactively providing information related to the border (investigations including but not limited to narcotics, weapons, human trafficking, & currency violations), arrests, intelligence, gang activity, acts of violence, pursuits, bailouts, trends and patterns of border-related criminal activity, etc)
- Increase the number of field intel reports (BIARs or equivalent) to the JOIC for situational awareness, including collected photos from traffic stops, investigations, house calls, significant field interviews, arrests, etc. This includes all operations whether directed, enhanced or steady state and furnish the reports in a timely manner regardless of the funding source.
- Coordinate with JOICs when planning enhanced or directed patrol functions (southbound operations, integration into planned operations such as Unified Alliance, Knockdown, Firestone, etc) to best maximize patrol based assets from multiple agencies and strengthen border efforts.

For Comptroller's Use Only.

# Direct Deposit Authorization

This form may be used by vendors, individual recipients or state employees to receive payments from the state of Texas by direct deposit or to change/cancel existing direct deposit information.

## Transaction Type

SECTION 1	<input checked="" type="checkbox"/> New setup (Sections 2, 3, 4 and 5)	<input type="checkbox"/> Change account type (Sections 2, 3, 4 and 5)
	<input type="checkbox"/> Change financial institution (Sections 2, 3, 4 and 5)	<input type="checkbox"/> Cancellation (Sections 2 and 5 - Sections 6 and 7 for state agency use)
	<input type="checkbox"/> Change account number (Sections 2, 3, 4 and 5)	

## Payee Identification

SECTION 2	Payee type	<input type="checkbox"/> State employee	<input type="checkbox"/> Texas Identification Number (TIN)	<input type="checkbox"/> Individual Taxpayer Identification Number (ITIN)	Mail code (If not known, leave blank.)
	<input checked="" type="checkbox"/> Vendor or other recipient	<input checked="" type="checkbox"/> Employer Identification Number (EIN)	7 4 6 0 0 0 7 1 7		0 6 0
	<input type="checkbox"/> Social Security Number (SSN) *	Payee name		Phone number	
		Hidalgo County		(956) 318-2506 ext. 4810	
	Mailing address	City	State	ZIP code	
	2810 S Business Hwy 281	Edinburg	TX	78539-6243	


## Financial Institution (Completion by financial institution is recommended.)

SECTION 3	Financial institution name	City	State
	Lone Star National Bank	McAllen	TX
	Routing transit number (9 digits)	Customer account number (maximum 17 characters)	Type of account
	1 1 4 9 - 1 1 6 8 - 7	7 1 0 1 5 6 4 7	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
Financial representative name (optional)	Title (optional)		
Vanessa Ochoa	Fixed Income Analyst		
Financial representative signature (optional)	Phone number (optional)	Date (optional)	
	(956) 984-2913 ext.	11/26/13	

## International Payments Verification (required)

SEC 4	Will these payments be forwarded to a financial institution outside the United States?.....	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
	If "YES," also complete the ACH (Direct Deposit) Payment Destination Confirmation (Form 74-227).		


## Authorization for Setup, Changes or Cancellation (required)

SECTION 5	I authorize the Texas Comptroller of Public Accounts to deposit my payments from the state of Texas to my financial institution electronically. I understand that the Texas Comptroller of Public Accounts will reverse any payments made to my account in error. I further understand that the Texas Comptroller of Public Accounts will comply at all times with the National Automated Clearing House Association's rules. (For further information on these rules, please contact your financial institution.)		
	Authorized signature	Printed name	Date
	sign here 	Norma G. Garcia, County Treasurer	11/26/13

## Cancellation by Agency (for state agency use)

SEC 6	Reason	Date

## Authorized Signature (for state agency use)

SECTION 7	Signature	Date
	sign here 	
	Phone number	Agency number
	ext.	
Agency name	Texas Department of Public Safety	
Comments		

**Please return your completed form to:**

Texas Department of Public Safety  
 Accounts Payable/Direct Deposit Program  
 5805 North Lamar Boulevard  
 Austin, TX 78752-4431

Phone: 512-424-2060

## FAIR LABOR STANDARDS ACT ("FLSA")

7.09 The Fair Labor Standards Act ("FLSA") is the federal law which governs overtime compensation for employees covered by the provisions of that Act. Most County and/or District non-management employees are covered by the overtime compensation requirements of the FLSA. An FLSA covered employee receives: (i) time and one-half compensation; or (ii) compensatory leave of one and one-half hours; for each hour physically worked in excess of 40 hours for employees with a seven (7) day work period and 86 hours for those employees with a fourteen (14) day work period. The County provides straight hourly pay or compensatory leave on an hour for hour basis for employees with a fourteen (14) day work period who work between 80 and 86 hours in such work period. Hours for which an employee receives pay, such as paid leave and holiday hours, but which are not physically worked, are not considered hours worked for purposes of calculating FLSA overtime.

7.10 Each Elected Official/Department Head must require that his or her employees keep daily records of time worked and leave taken. Each Elected Official/Department Head must report all additional time worked for FLSA covered employees.

7.11 Except in unusual circumstances, the Elected Official/Department Head must have requested and approved, in advance, that an employee work extra hours or overtime hours. An example of an unusual circumstance is when an off-duty worker responds to an emergency. In this case, the employee is required to report the emergency and its circumstances to the Elected Official/Department Head at the beginning of the employee's next workday.

7.12 An employee who works extra hours or overtime hours without supervisory approval shall be compensated for the extra or overtime hours, but such employee is subject to disciplinary action.

7.13 The Elected Official/Department Head tracks and reports hours worked and leave used using the following forms:

- a. Form SFA-CA-008, Time and Attendance Record - Non-Law Enforcement Personnel;
- b. Form SFA-CA-046, Time and Attendance Record - Law Enforcement Personnel;
- c. Form SFA-CA-044, Leave Request Form;
- d. Form P-2, Summary of Vacation and Sick Leave; and
- e. Form P-3, 12 Month Period Summary of Leave Taken under the Family and Medical Leave Act of 1993 (FMLA).

7.14 To minimize the County and/or District's liability under FLSA for overtime or extra work hours, each Elected Official/Department Head is expected to manage work hours efficiently and effectively. An Elected Official/Department Head may need to adjust work hours for an FLSA covered employee to accomplish work assignments. When an FLSA covered employee's time and attendance record reflects hours worked in excess of that employee's standard work period, the Elected Official/Department Head and the County Auditor and/or similar office for the District shall immediately notify the County Judge and/or similar office within the District of such fact by forwarding to such party a copy of the time and attendance record for such employee (Form SFA-CA-008 or Form SFA-CA-046).

7.15 When an Elected Official/Department Head allows or requires an FLSA covered employee to work extra hours or overtime hours, the Elected Official/Department Head should make every effort to adjust the work hours during the applicable work period so that the employee

does not physically work in excess of 40 hours if the employee is on a seven day work period or in excess of 80 hours if the employee is on a fourteen (14) day work period.

#### ADMINISTRATION OF LEAVE AND BENEFIT PROGRAMS

7.16 The Governing Authority is solely responsible for authorizing compensated leave and benefit programs for County and/or District employees and such leave and benefit programs may be changed at any time by appropriate order of the Governing Authority. The County and/or District's existing compensated leave and benefit programs are as set forth in this Chapter.

7.17 Elected Officials and Department Heads administer the County and/or District leave and benefit programs according to law and regulations. Elected Officials/Department Heads are responsible for determining eligibility for paid leave for their employees. Each Elected Official/Department Head is also responsible for insuring that a leave account is established and maintained on each of his/her employees.

7.18 An Elected Official/Department Head may designate personnel from his or her office to be responsible for controlling absence and leave administration. Such delegation, however, does not relieve each Elected Official/Department Head of his or her ultimate responsibility for maintaining leave records on his or her employees.

7.19 Regular attendance at work is important to the overall operation of all County and/or District Departments. Any non-emergency leave, whenever practical, must therefore be scheduled in advance. Each Elected Official/Department Head may establish rules for requesting and scheduling leave not inconsistent with this Chapter. Each employee will be given a copy of any Department leave rules and amendments, and will acknowledge, in writing, receipt of such rules. A copy of the written acknowledgment shall be maintained in the employee's personnel file.

7.20 Every request for leave must:

- a. Be submitted to the Department Head/Elected Official, in writing, on a Form SFA-CA-044 which is signed by the employee;
- b. Clearly reflect when the requested leave is to begin and end;
- c. Include a brief explanation setting forth the reasons for taking the requested leave;
- d. To the extent applicable, be accompanied by any required documentation, such as a doctor's statement or military orders; and
- e. Be approved or disapproved, in writing, by the employee's supervisor, and if required, by the Department Head/Elected Official and/or the Governing Authority or its representative.

7.21 Departments shall respond to leave requests within a reasonable time, generally not to exceed five (5) business days.

7.22 After a leave request (Form SFA-CA-044) has been approved or disapproved, such completed form is processed as follows:

- a. The original is placed in the employee's personnel file; (Amended April 10, 1996)
- b. A copy is returned to the employee; and

# Norma G. Garcia

Hidalgo County Treasurer

2810 South Business Hwy 281, Edinburg, Texas 78539-6243

Telephone: (956) 318-2506 Fax: (956) 318-2507



## 2014 PAYROLL SCHEDULE

Listed below is the payroll schedule for the year 2014. In order to assure the preparation of direct deposit, timesheets should be submitted in accordance with the schedule below. The timesheets shall be delivered to the Payroll Section of the County Treasurer's Office (Manually or through Time & Attendance) no later than 10:00 a.m.

Payroll cannot be guaranteed to those who do not meet the Timesheet Due Date deadline.

Payroll will be prepared on a biweekly basis and will cover the days as shown on the Work Period Covered column. Direct Deposit will be credited at your financial institution as indicated on the Payday column.

<b>PAY PERIOD</b>	<b>WORK PERIOD COVERED</b>	<b>TIMESHEET DUE DATE</b>	<b>PAY DAY</b>
1	12/16/2013 – 12/29/2013	12/30/2013	01/10/2014
2	12/30/2013 – 01/12/2014	01/13/2014	01/24/2014
3	01/13/2014 – 01/26/2014	01/27/2014	02/07/2014
4	01/27/2014 – 02/09/2014	02/10/2014	02/21/2014
5	02/10/2014 – 02/23/2014	02/24/2014	03/07/2014
6	02/24/2014 – 03/09/2014	03/10/2014	03/21/2014
7	03/10/2014 – 03/23/2014	03/24/2014	04/04/2014
8	03/24/2014 – 04/06/2014	04/07/2014	04/17/2014
9	04/07/2014 – 04/20/2014	04/22/2014	05/02/2014
10	04/21/2014 – 05/04/2014	05/05/2014	05/16/2014
11	05/05/2014 – 05/18/2014	05/19/2014	05/30/2014
12	05/19/2014 – 06/01/2014	06/02/2014	06/13/2014
13	06/02/2014 – 06/15/2014	06/16/2014	06/27/2014
14	06/16/2014 – 06/29/2014	06/30/2014	07/11/2014
15	06/30/2014 – 07/13/2014	07/14/2014	07/25/2014
16	07/14/2014 – 07/27/2014	07/28/2014	08/08/2014
17	07/28/2014 – 08/10/2014	08/11/2014	08/22/2014
18	08/11/2014 – 08/24/2014	08/25/2014	09/05/2014
19	08/25/2014 – 09/07/2014	09/08/2014	09/19/2014
20	09/08/2014 – 09/21/2014	09/22/2014	10/03/2014
21	09/22/2014 – 10/05/2014	10/06/2014	10/17/2014
22	10/06/2014 – 10/19/2014	10/20/2014	10/31/2014
23	10/20/2014 – 11/02/2014	11/03/2014	11/14/2014
24	11/03/2014 – 11/16/2014	11/17/2014	11/26/2014
25	11/17/2014 – 11/30/2014	12/01/2014	12/12/2014
26	12/01/2014 – 12/14/2014	12/15/2014	12/24/2014