2023 AOC Juvenile Officer Salary State Reimbursement Form

| Judicial Dist | rict: County | or Counties: | | | | | | |
|--|---|-------------------------------------|--|--|--|--|--|--|
| A JUVENILE (| CIRCUIT JUDGE SHALL SUBMIT THIS O | N BEHALF OF A | LL COUNTIES IN THEIR DIST | RICT BEFORE PAYMENT CAN BE MADE T | O ANY COUNTY. | | | |
| When you have turnover in a juvenile position, please include all the officers in the slots who held that position in 2023 (please note example below when officer take over for other officers in the same "slot." This maximizes the reimbursable slots for the county). Please include the Juvenile Officer's name(s) and indicate the officer is Intake (I) or Probation (P). Provide the hire date and the last day of employment- or acknowledge they are still a current employee. If more than on check should be issued within the circuit for the same juvenile officer, please indicate each county and the monetary amount to be reimbursed to each county. For example: County A should be reimbursed \$15,000 and County B should be reimbursed \$5,000 for Sam Jones. Each position should total \$20,000.00 if the officer' gross salary was more than \$40,000.00 in 2023. If the salary was less than \$40,000, the total reimbursement should be equal to 1/2 of the gross salary. The gross salary shall be the largest figure noted on the W2 or on other certified financial documents reflecting total compensation, as submitted by the juvenile judge. Som officers may have multiple W2s if paid by several counties and their total salary can be determined by adding all total salaries. Please note W2 forms and any other documentation reflecting total compensation are required to be submitted with this reimbursement form. The juvenile judge must certify salary reimbursement well as education requirements at the end of this form. | | | | | | | | |
| JO Slot | Juvenile Officer Name(s); Notate Intake (I) or Probation (P) | Hire Date | Last Day of Employment; If currently employed, state N/A | Amount to be reimbursed to each county for each position. Total should not exceed \$20,000.00 or 1/2 of total salary paid to officer (lesser of two). List each county and amount. | Total Salary Paid to | | | |
| Position 0 Example Do Not Delete | 1(a) Sam Jones 1(b) Sam Johnson 1(c) Samantha Jones Note: They are considered 1 slot for reimbursement purposes because employment dates do not overlap. "Enter" between employees. | 11/30/2019 2/3/2023 10/6/2023 | 2/1/2023 9/30/2023 N/A | County A- \$10,000 County B- \$5,000 County C- \$5,000 Note: This needs to clarify how much each county should get for this one slot (which includes all 3 employees). | \$43,000.00 Note: This needs to reflect the combined salary for these employees from all counties. Provide W2s for all 3 from all 3 counties- 9 W2s. | | | |
| Position 1 | | | | | | | | |
| Position 2 | | | | | | | | |
| Position 3 | | | | | | | | |

| Position 4 | | |
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| Position 5 | | |
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| Position 6 | | |
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| Position 7 | | |
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| Position 8 | | |
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| Position 9 | | |
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| Position 10 | | |
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| Position 11 | | |
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| Position 12 | | |
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Add Additional Positions up to the total amount allocated to your district.

Juvenile Judge's Certification to Reimbursement Request

| I hereby certify that the above-listed information is true and correct to the best of m | y knowledge. I further certify that I am |
|--|--|
| submitting documentation for all counties in my judicial district and that the amounts to be | paid to each county have been listed. |
| | Circuit Judge Signature |
| | Print Name |
| 2023 AOC Juvenile Officer Education Certification, as Appro | oved by the Juvenile Judge |
| I do hereby certify that the above-listed juvenile officers completed their education Reimbursement Guidelines found at: https://arcourts.gov/sites/default/files/formatted-fil office maintains proof of compliance for all officers listed above. | • |
| | Circuit Judge Signature |
| | Print Name |
| Please forward this form, W2s, and other financial forms reflecting total compensation, to | <u>juvenileofficers@arcourts.gov</u> |
| PLEASE INDICATE ON THE FOLLOWING SHEET TO WHOM SHOULD BE PAID FOR EACH COU Please list all counties that you indicated should receive payment on the first page of this | |
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Attach additional pages, if necessary.