4. Compensation & Employee Benefits

4.1 Payroll Policy

Compensation rates are established by actions taken by the Library Board of Trustees at their public meetings. Employees are paid every two (2) weeks. The Oswego Public Library will not accept responsibility for any employee’s personal finances.

Deductions made from each paycheck may include:

Federal Income Tax is withheld in accordance with the number of exemptions claimed by the employee on the withholding form on file.

State Income Tax deductions are made in accordance with the current rate.

Social Security Tax (FICA) deductions are made in accordance with the current rate.

If pay dates fall on a holiday, pay checks will be given out prior to the holiday.

Approved by the Board: March 8th, 2022
4.2 Compensatory Time

*This Policy has been eliminated

Approved by the Board of Trustees on December 14, 2021
4.3 Health Insurance:

Full time employees (35 hours) will receive the following health benefits:

<table>
<thead>
<tr>
<th>Type of Coverage</th>
<th>Library Contribution (%)</th>
<th>Employee pays (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family coverage</td>
<td>85%</td>
<td>15%</td>
</tr>
<tr>
<td>Single</td>
<td>95%</td>
<td>5%</td>
</tr>
</tbody>
</table>

Staff working more than 20 hours/week are eligible for ½ health benefit package.

Medicare eligible employees are mandated to move to a group Medicare policy

Approved: September 14, 2021
4.4 Retiree Health Insurance

Employees who retire from the Oswego S.D Public Library with a minimum of 10 years of service to the Oswego S.D. Public Library may continue individual or family coverage in the group health insurance plan available to active employees as per the library’s Health Insurance Benefits, from the time of their retirement until they become Medicare eligible. Full cost of the coverage will be paid by the retiree. This benefit will be effective as of August 1, 2009.

Adopted October 6, 2009
4.5 Workers’ Compensation

Employees injured in the performance of their duties are covered by Workers’ Compensation Insurance. Employees shall report work-related injuries immediately to the Library Director, Librarian or Secretary in that order of availability. Delay in reporting, if necessary, must be justified to the satisfaction of the Board of Trustees and/or the insurance agency.

New York State Disability Insurance

New York State Pension Plan

Approved 2/7/2009
4.6 Payment in Lieu of Health Insurance

Any employee who meets all of the eligibility requirements for Health Insurance coverage may elect to “opt-out” of the Health Insurance Plan offered by the Oswego Public Library. Such election shall be made in writing and accompanied by proof of alternative health coverage.

Employees who are eligible for individual coverage but elect to “opt-out” will receive a stipend of $1500.

Employees who are eligible for family coverage but elect to “opt-out” will receive a stipend of $3000.

Stipends will be annualized. Payment will begin with the first pay period after the election to “opt-out”.

Adopted: April 3, 2012
4.7 Substitute Pay

A substitute employee means any person employed to replace a classified employee who is temporarily absent from duty.

Substitutes will be paid the minimum wage.

Approved: June 30, 2021
4.8 Travel Expense Reimbursement

Members of the Board of Trustees or employees of the Oswego Public Library shall be reimbursed for the use of a personal vehicle for official library business when and as authorized by the Board of Trustees or designated appointee.

An official log of daily mileage shall be maintained by the mileage claimant. It shall be approved by a Board representative before submission of payment. The daily log shall include date, mileage, purpose and places traveled to and from.

The rate of reimbursement shall be according to IRS mileage rates.

Adopted 4/4/17
**4.8a Log of Mileage for Library Business**

OSWEGO PUBLIC LIBRARY  
120 EAST SECOND STREET  
OSWEGO NY  
LOG OF MILEAGE FOR LIBRARY BUSINESS

<table>
<thead>
<tr>
<th>Name:__________________________________________</th>
<th>Date:__________________</th>
</tr>
</thead>
</table>

| Position:__________________________________________________________________________ |

<table>
<thead>
<tr>
<th>Date</th>
<th>Purpose</th>
<th>To/From</th>
<th>Mileage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Miles_____________ miles +X .IRS RATE per mile    Amount pd.________

Signatures:

[Signature]  [Date]

Claimant  Date

Board of Trustee representative  Date

**Revised 4/4/17**