

PAY305 TRS Reporting

July 6, 2020

9 AM to 12 NOON AND 2-5 PM

EVENT DESCRIPTION: This course provides a deep dive into the TRS employer reporting requirements. Students will gain an understanding of the RE Portal system and how to access, enter and submit monthly reports with detailed information related to employees and retirees. The course is well-suited for human resources and/or payroll staff that are responsible for submitting ER monthly reports. Students should have a familiarity with the TRS system. A test will be given for those taking the course for TASBO certification credit.

REMOTE EVENT: The course will take place remotely via live Zoom webinars on the same day; you must attend BOTH the morning and afternoon webinars and successfully complete the online test during part 2 to receive certification credit for the course. You will need a computer with an internet connection and speakers to participate in the webinars. The connection instructions and course materials will be emailed a few days prior to the date of the course.

FEE: \$175 Member | \$225 Non-Member

PREREQUISITE: Students should have a familiarity with the TRS system.

CEU/CPE Hours: 6/7

About TASBO Events: If you or (someone attending with you) need ADA assistance to participate, please call us at 512.462.1711.

CANCELLATION POLICY: Cancellations are only accepted **in writing**. Cancellations received seven (7) working days before the event are cancelled in full, those received one (1) to six (6) working days before the event are cancelled at 50 percent, and cancellations are not accepted the day of or after the event. If you do not cancel and/or do not attend, you are still responsible for payment. If TASBO cancels an event, you will be refunded in full.

Register online at [TASBO.org](https://tasbo.org) or return completed form by:

Mail: 5920 W William Cannon Dr, Bldg 1, Ste 200, Austin, TX 78749

Fax: 512.462.1782

Email: register@tasbo.org (DO NOT email CC info)

Please PRINT clearly.

Name: _____ Title: _____

District/Employer (*do not abbreviate*): _____

Contact Phone: _____ Email: _____

Payment Method: PO Check Enclosed Credit Card

Cardholder Name: _____ Daytime Phone: _____

Card Number: _____ EXP (MM/YY): _____

Billing Address: _____

Cardholder Signature: _____