

Common TRS Audit Findings & How to Avoid Them

Has YOUR district experienced a TRS Audit....yet? If not, it is essential to know what records the TRS will request, how TRS selects LEAs for audit and what to expect before, during and after the audit process. A review of common TRS audit findings will be identified as well as strategies to avoid the errors in your LEA. Eligibility for TRS is one of the most critical audit areas. As a result, this webinar is ideal for both HR and payroll staff as both are involved directly or indirectly in the employment process to include determination of TRS eligibility, assignment of TRS position code, identification of TRS eligible compensation, payment of employer and employee contributions, and monthly reporting of 100% of the payroll disbursements.

Thursday, May 18, 2023 | 2:00PM

Presented by: Rebecca Estrada, RTSBA, Chief Certification Officer, TASBO | Tonya Davis, RTSBA, Director of Certification \$85 Member | \$135 Non-Member

CEU/CPE: 1

Target Audience: Finance, Accounting, Payroll, Personnel, Internal Audit

About TASBO Webinars: Handouts will be distributed via email a day prior to the event. No prerequisites required to register.

Fax: 512.462.1782

Zoom: This webinar will be presented on Zoom and you will receive a Zoom link once registration is processed

Cancellation Policy: Cancellations are not accepted for live webinars. You may choose to transfer your registration to another online learning product in the TASBO Store or upcoming live webinar in lieu of canceling. With questions regarding registration, payments, or changes, please email register@tasbo.org.

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

Register online at TASBO.org or return completed form by:

Mail: 5920 W. William Cannon Dr., Bldg.1 Ste 200,

| Name: | | Title: | | | |
|--------------------------|----------------|--------|----------------|---|-------------|
| District/Employer (do no | t abbreviate): | | | | |
| Contact Phone: | | Email: | | | |
| Full Mailing Address: | | | | | |
| Payment Method: | D PO | □ | Check Enclosed | | Credit Card |
| Cardholder Name: | | | Daytime Phone | : | |
| Card Number: | | | EXP (MM/YY): | | |
| Billing Address: | | | | | |
| Cardholder Signature: | | | | | |