

UNIVERSITY OF SOUTHERN MISSISSIPPI FRINGE BENEFITS SUMMARY



QUICK REFERENCE LIST

State Health Insurance Plan: <https://www.dfa.ms.gov/insurance>

Claims Administrator (800)709-7881
Provider Network (800)294-6307
Utilization Review Program (888)801-1910

Pharmacy Benefits: <https://www.dfa.ms.gov/cvs-caremark>

CVS Caremark
Pharmacy Benefits Manager (888)996-0050
Pharmacy Mail Order Program (888)996-0050

Group Life Insurance: <https://www.dfa.ms.gov/minnesota-life-insurance>

Minnesota Life Insurance Company (866)293-6047

Dental Insurance: www.deltadentalins.com

Delta Dental (800)521-2651

Cancer Insurance: www.coloniallife.com

Colonial (800)325-4368

Vision Insurance: www.superiorvision.com

Superior Vision (800)507-3800

Flexible Spending Accounts: www.sabcflex.com

Southern Administrators & Benefit Consultants, Inc (601)856-9933

Health Savings Account: <https://www.umb.com/hsa>

UMB Healthcare Services..... (866)520-4472

Worker's Compensation:

CCMSI (800)672-1108

Mississippi Deferred Compensation: <https://mdcplan.gwrs.com>

Customer Service (800)846-4551

PERS (Public Employees' Retirement System): www.pers.state.ms.us

Customer Service (800)444-7377



**THE UNIVERSITY OF
SOUTHERN MISSISSIPPI.**

INTRODUCTION

University Human Resources at The University of Southern Mississippi created this booklet as a way to inform you of all of the benefits available to you as an employee. The information contained in this booklet is subject to change, without notice, at any time and is not meant to serve as a master policy/contract or a guarantee of benefits. The booklet will be updated as needed, based on changes in our benefits. Please use this information to determine which benefits you are interested in as a new employee. Current employees can also use this information to determine if they would like to make changes during Open Enrollment or have cause to make changes throughout the year based on a life status change.

You will find the names and numbers of individuals you can contact with questions regarding your benefits at the back of this booklet. We are pleased to have you whether you are considering joining the Southern Miss community or have been with us for a while!

RETIREMENT

Public Employees' Retirement System (PERS)

Membership: Mandatory

- If you are employed 20 hours or more per week or 80 hours per month, membership in the retirement system is mandatory
- If you are currently a member of PERS with another organization

Type of Plan:

- Hybrid of Defined Benefit Pension and Defined Contribution Plan
 - Membership in this tier is for those hired in PERS-covered positions March 1, 2026, or later who are new to PERS or who were previous members of PERS but refunded or rolled over their contributions

Contribution Requirements (before tax):

- Employee – 9.00% (4% into Defined Benefit, 5% into Defined Contribution)
- University – 18.40%

Benefit Overview:

<https://www.pers.ms.gov/sites/default/files/Content/Tier5/PERS%20Benefits%20Overview.pdf>

Options on leaving University:

- Refund of Contribution (You may withdraw your funds when you leave the university; however, you will receive only your contributions and interest on your contributions less 20% taxes and a 10% early age withdrawal penalty)
- Rollover (Move your money directly to another qualified retirement account)
- Leave Contribution with PERS (You may leave your contribution with PERS in anticipation of returning to covered employment. If you go to work for another state agency – you must leave your money in PERS until retirement)

For more information visit: <https://www.pers.ms.gov/>



Home | PERS of Mississippi

The Public Employees' Retirement System of Mississippi (PERS) proudly serves the state of Mississippi by providing retirement benefits for individuals working in state...

[pers.ms.gov](https://www.pers.ms.gov/)

Optional Retirement Program (ORP)

Eligibility:

- Teaching Faculty
- Administrative Faculty
- Coaches
- Librarians with Academic Rank
- Administrative Directors of Recognized Departments
- Research Scientist
- Post Doctoral Fellows

Vendors:

- Corebridge
- TIAA
- VOYA

Type of Plan:

- Defined Contribution

Contribution: Employees hired on and after July 1, 2025

- Employee – 9.00%
- University –
 - For employees initially enrolled in ORP before July 1, 2025, 14.9% of the participant's total earned compensation will be applied to the participant's retirement account.
 - For employees hired on or after July 1, 2025, 9% of the participant's total earned compensation will be applied to the participant's retirement account.

Vested:

- Immediate – no vesting requirement

Options on Leaving University:

- Portable

Time Frame:

- 30 days to make a decision
- If no decision is made, PERS will automatically take effect
- Decision is irrevocable

For more information visit: <https://www.orp.ms.gov>

Supplemental Retirement

Employees of The University of Southern Mississippi are offered certain tax advantages in that part of the gross compensation may be excluded from current income taxes when used to purchase an annuity for additional retirement benefits under the provisions of Section 403(b) of the Internal Revenue Code. Invested moneys will be taxed at the time the annuity matures, and payment is made to the individual. This could result in considerable tax savings to the individual.

The University of Southern Mississippi also offers the Roth 403(b) as an option to have post-tax earnings deducted for supplemental retirement savings. The earnings from these accounts are allowed to accumulate on a tax-free basis as long as proper methods are followed for withdrawals. The contributions limits for Roth 403 (b) accounts are the same as the traditional (pre-tax) 403(b). An employee can choose to contribute to both a post-tax Roth 403 (b) account and a pre-tax 403(b) account. However, the combined amounts withheld cannot exceed the IRS calendar year contribution limit.

Employees interested in the supplemental retirement opportunities should secure competent advice from a representative approved by the University to market annuities on campus. Salary deductions may be authorized for the purchase of annuities, but the University does not contribute to the purchase. The following is a list of approved companies.

Company	Representative	Phone Numbers	Websites
VOYA (ORP & 403(b))	Shirl Darce	504-620-5589	www.voya.com
TIAA (ORP & 403(b))	Louis Bundy	504-249-4704	www.tiaa.org
CoreBridge (AIG) (ORP & 403(b))	Chris Logan (Hattiesburg) Jennifer Ladner Brian Milner (Gulf Coast)	601-402-0805 601-658-8206 228-216-0707	www.corebridgefinancial.com
State Deferred Compensation Plan (457)	Craig Finn	800-846-4551 228-355-2129	www.mdcplan.com

The University is not recommending any particular vendor or investment and is not accountable for losses you may incur as a result of your investment choice.

The elective deferral contribution limit for employees who participate in a 403(b) and a 457 plan is \$24,500 effective January 1, 2026. An employee can make maximum contributions to each plan if they choose.

CAFETERIA PLAN – IRS SECTION 125

The University of Southern Mississippi offers a pre-tax program called a cafeteria plan that is permitted under Section 125 of the Internal Revenue Service Code. It is referred to as a cafeteria plan because the employee may select from a variety of benefits available. This program allows certain benefits to be paid with before-tax dollars rather than with after-tax dollars, increasing the amount of take-home pay and lowering tax liability.

The program does not affect the state retirement contributions nor in any way changes benefits available to the employee when they retire. However, the employee may incur a slightly reduced social security benefit at the time of retirement. But research shows that the resulting difference in social security benefits at retirement is insignificant, especially when compared with the savings available during employee careers.

Once you select a benefit in the Cafeteria Plan, you must stay in the plan until Open Enrollment, which is in October of each year with an effective date of January 1st unless you have a qualifying life event change such as:

- Marriage
- Divorce
- Death of a spouse or dependent child
- Birth or adoption of a child
- Termination of employment of spouse
- Leave of absence without pay

What is it? Section 125 allows certain benefits to be deducted prior to taxes being calculated

Result: More take home pay.

Example

Gross Pay (Monthly)	\$1,000.00	\$1,000.00
Pre-tax Health Insurance	-\$0.00	-\$378.00
Taxable Gross	=1,000.00	=622.00
FICA, Fed, & State Taxes (14.55%)	-\$145.50	-\$90.50
Post-tax Health Insurance	-\$378.00	-\$0.00
Net Pay	\$476.50	=513.50
ADDITIONAL TAKE HOME PAY: \$55.00		

Benefits included in cafeteria plan (deducted pre-tax):

- Health Insurance
- Dental Insurance
- Vision Insurance
- Cancer Insurance – Colonial
- Medical Reimbursement Plan
- Dependent Child Care Reimbursement Plan
- Health Savings Account

Benefits not included in cafeteria plan (not deducted pre-tax)

- Group Life Insurance – Minnesota Life

State Health Insurance Plan

Legacy Employees: Any employee hired who has ever been employed by any State of Mississippi agency such as a community/junior college, public library, public school district, other State agency or university on a full-time basis before January 1, 2006.

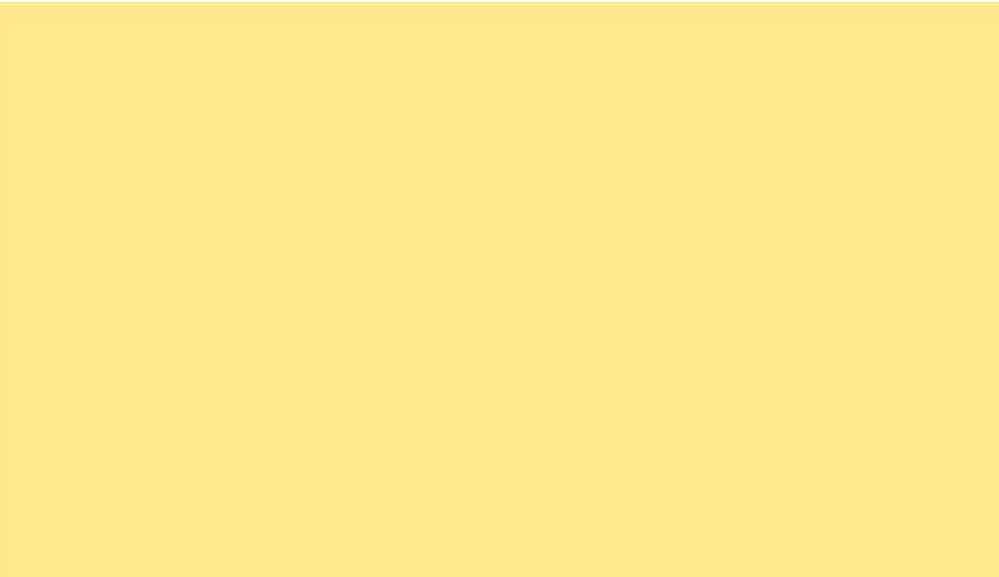
Horizon Employee: Any employees initially hired by any State agency on or after January 1, 2006.

Premium Payment: Premiums for health insurance coverage are payable one month in advance of the coverage period. Those employees electing spousal and/or dependent coverage should note that as of their hire date premiums are in arrears by either a full or half month's premium. If hired on or after the 15th of the month, a full month's premium is in arrears, and for hire dates after the 15th of the month a half month's premium arrears. Payment will come out of the first paycheck.

Well Child Care: Benefits are provided for well-child care services for covered dependents up to age 18 at 100 percent. These services are not subject to the calendar year deductible. Benefits are only provided when a network provider renders the services and the wellness services are filed with a wellness diagnosis.

Wellness/Preventive Coverage: Benefits for wellness and preventive services are available for participants ages 18 and older. Benefits include office visits and certain diagnostic tests as defined by the plan. For a listing of covered examinations and tests, please see the Summary Plan Description or visit https://www.dfa.ms.gov/sites/default/files/Insurance%20Home/Wellness%20%26%20Preventive%20Coverage/314337_2019_wellness-chart_updated-08-2022.pdf

Pre-Certification Requirements:

- Contact in advance for any anticipated non-emergency hospital admission and immediately following an emergency admission.
 - Call: 1-888-801-1910
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Health Insurance Rates and Network Information

To check whether your physician or the facility that is providing your medical services is part of the AHS State Network you may call or check the AHS website:

Provider Network:
 AHS State Network
 P.O. Box 23070
 Jackson, MS 39225
 1-800-294-6307

Website: <https://www.dfa.ms.gov/insurance>

SELECT Coverage

In-AHS Network:

- \$25 copay primary care physician
- \$1,800.00 Individual Deductible
- \$3,600.00 Family Deductible
- 80% / 20% cost sharing, allowable charges

Out-of-Network:

- \$ 2,300.00 Individual Deductible
- \$ 4,600.00 Family Deductible
- 60% / 40% cost sharing, allowable charges

Note: One person cannot meet more than \$1,800

Emergency out-of-network:

- If you are out of the area and need emergency medical care, Network rules still apply.

Monthly Premiums (Employee Cost)	Legacy		Horizon	
	12-Month	9-Month	12-Month	9-Month
Employee Only	\$20.00	\$26.67	\$53.00	\$70.67
Employee + Spouse	\$660.00	\$880.00	\$692.00	\$922.67
Employee + Spouse + Children	\$954.00	\$1272.00	\$986.00	\$1314.67
Employee + Child	\$246.00	\$328.00	\$277.00	\$369.33
Employee + Children	\$470.00	\$626.67	\$502.00	\$669.33

BASE Coverage

High-Deductible Health Plan-eligible for HSA

NOTE: Prescription deductible is included with medical deductible under this plan.

In AHS Network:

- No copay for Primary care physician (pay office visit out of pocket until deductible is met)
- \$1,800.00 Individual Deductible
- \$3,400.00 Family Deductible
- 80% / 20% cost sharing, allowable charges

Out-of-Network:

- \$ 1,800.00 Individual Deductible
- \$ 3,400.00 Family Deductible
- 60% / 40% cost sharing, allowable charges

Emergency out-of-network:

- If you are out of the area and need emergency medical care, Network rules still apply.

Monthly Premiums (Employee Cost)	Horizon	
	12-Month	9-Month
Employee Only	\$0.00	\$0.00
Employee + Spouse	\$561.00	\$748.00
Employee + Spouse + Children	\$854.00	\$1,138.67
Employee + Child	\$146.00	\$194.66
Employee + Children	\$373.00	\$497.33

*Note: For faculty on a 9-month pay plan an additional amount is deducted from your paycheck each month and escrowed for the 3 months of summer coverage.

Health Savings Account

- Employees that enroll in the BASE coverage are eligible to participate in a Health Savings Account.
- The Health Savings Account is administered by UMB Healthcare Services
- The HSA will be payroll deducted and pre-taxed.

Prescription Drug Plan

Provider: CVS Caremark

Toll Free: 1-888-996-0050

Annual Deductible:

- \$ 75.00/individual (select plan)
- \$1,800.00/individual (base plan)
- \$3,400.00/family

Benefits (retail pharmacy): 30 day supply

- Generic:
 - \$12.00 Tier 1 (preferred)
 - \$30.00 Tier 2 (non-preferred)
- Preferred Brand:
 - \$45.00 (listed on preferred Drug)
- Non-Preferred/Other Brand:
 - \$100.00 (no generic equivalent)

When you purchase a prescription drug at a retail pharmacy, a generic differential is applied when a brand name drug (Non-preferred brand drug with generic equivalent) is dispensed and a generic is available. When a generic drug is available and you receive a brand name drug, you will pay the difference in the cost of the brand name drug and the generic drug (generic differential) plus the generic co-payment amount.

Benefits (Mail Order): 90 day supply

- Generic:
 - \$24.00 Tier 1
 - \$60.00 Tier 2
- Preferred Brand:
 - \$90.00 (listed on Preferred Drug List-PDL)
- Non-Preferred/Other Brand:
 - \$200.00 (no generic equivalent)

For a complete drug listing contact visit:

<https://www.dfa.ms.gov/cvs-caremark>

Group Dental Insurance

Insurer: Delta Dental

Effective Date: 1st of the month following a payroll deduction

Deductible: \$50 per calendar year/\$150 per family each calendar year.

Deductibles waived for Diagnostic & Preventive and Orthodontics

Providers: For a list of network providers visit www.deltadentalins.com

Low Plan-\$1,000 maximum benefit per participant on plan. Diagnostic & Preventive Care not subject to maximum

High Plan-\$1,500 maximum benefit per participant on plan. Diagnostic & Preventive Care not subject to maximum

Benefits and Covered Services*	Low Plan		High Plan	
	Delta Dental PPO dentists†	Non-Delta Dental PPO dentists†	Delta Dental PPO dentists†	Non-Delta Dental PPO dentists†
Diagnostic & Preventive Services (D & P) Exams, cleanings and x-rays	100 %	100 %	100 %	100 %
Sealants	50 %	50 %	100 %	100 %
Basic Services Fillings and denture repair/relining	50 %	50 %	80 %	80 %
Endodontics (root canals)	25 %	25 %	50 %	50 %
Periodontics (gum treatment)	25 %	25 %	50 %	50 %
Oral Surgery	50 %	50 %	80 %	80 %
Major Services Crowns, inlays, onlays and cast restorations	25 %	25 %	50 %	50 %
Prosthodontics Bridges and dentures	25 %	25 %	50 %	50 %
Orthodontic Benefits Dependent children to age 19	50 %	50 %	50 %	50 %
Orthodontic Maximums	\$1,000 Lifetime	\$1,000 Lifetime	\$1,000 Lifetime	\$1,000 Lifetime

	Low Plan	High Plan
Employee only (12-month)	\$27.76	\$37.57
Employee only (9-month)	\$37.01	\$50.09
Family (12-month)	\$67.59	\$91.47
Family (9-month)	\$90.12	\$121.96

Group Vision Insurance

Insurer: Superior

Phone: 800-507-3800

Website: www.superiorvision.com

12-month employees:

Employee Only \$6.58 Employee + one dep. \$12.00 Employee & Family \$20.28

9-month employees:

Employee Only \$8.77 Employee + one dep. \$16.00 Employee & Family \$27.04

Effective Date: 1st of month following a payroll deduction

How Vision Network Works

- Provider Locator - 1-800-507-3800
- Schedule an appointment with your Vision Provider
- No paperwork is involved; you pay your co-payment and any expenses that are not covered.

For Out-of-Network claims you will need:

1.The itemized bill, **2.** Name, date of birth, and Social Security # **3.** Your phone number on bill

Benefits	Network	Out-of-Network
Eye Examination (every 12 months) Optometrist Only	100%	Up to \$48
Spectacle Lenses (every 12 months)		
Single Vision	100%	Up to \$35
Bifocal	100%	Up to \$50
Trifocal	100%	Up to \$70
Lenticular	100%	Up to \$95
Frames (every 24 months)	\$100 retail allowance	Up to \$55
Elective Contact Lenses	Up to \$120 retail	Up to \$100
Medically Necessary Contact Lenses	100%	Up to \$210
\$10 copay - Exam \$25 copay- Materials (NETWORK)		

Cancer Insurance

Insurer: Colonial Life & Accident Insurance

Address: P.O. Box 100195

Columbia, SC 29202

www.coloniallife.com

Phone: 800-325-4368

Fax: 800-880-9325

Group #: E9738238

- Coverage goes into effect the first of the month following a payroll deduction.
- Employee pays full cost of premiums.

The cancer plan offers coverage for employees and their dependents.

The monthly premiums are:

	12 month	9 month
Individual	\$29.15	\$38.87
One	\$29.95	\$39.93
Family	\$47.15	\$62.87

- Some of the benefits offered are diagnosis of skin cancer, anesthesia, reconstructive surgery, experimental treatment, blood/plasma/platelets, attending physician, private nurse, inpatient medication, prosthesis/artificial limb, hospice, ambulance, transportation, or lodging.
- There are no lifetime limits in any areas.
- Employee pays all premiums.
- The policy includes a \$100 a year wellness benefit that pays for annual cancer screening test such as PSA, PAP, mammogram, colonoscopy, chest x-ray, etc.
- The plan carries a \$5,000 initial diagnosis rider which means that if a covered individual is diagnosed with cancer, Colonial will send them a check for \$5,000 for immediate expenses.
- Also, if an employee becomes disabled due to cancer for longer than three continuous months, the employee's premium is waived.

Medical Reimbursement Plan

The United States Congress created code Section 125 as part of the Revenue Act of 1978 to make benefits more affordable for employees. The Medical Reimbursement Plan is a result of that law. The plan is designed to allow an employee to set aside pre-taxed dollars to cover out-of-pocket medical expenses, not paid by group health insurance benefits that occur during the plan year. The employee elects to have a specific number of pre-tax dollars deducted from the paycheck each period. These dollars are contributed to a reimbursement account and subtracted from the gross earnings before taxes are taken out. The maximum annual election amount is \$3,400. To comply with the IRS requirements, the employee may only make a change in elections at the beginning of each year. The plan is administered through Southern Administrators and Benefit Consultants, Inc.

Plan Administrator: Southern Administrators and Benefit Consultants, Inc.
www.sabcflex.com

Plan Year: January 1st through December 31st
(grace period through March 15th of the following year)

Effective Date: 1st of the month after hire date (i.e., hired 3/1/23 effective 4/1/23)

Purpose: To set aside dollars to cover out-of-pocket medical expenses not paid by group health such as dental, eye, deductibles, and amounts in excess of usual, customary and reasonable charges.

Benefits: Paid with Un-Taxed Dollars!

This is equivalent to taking an itemized deduction on your Tax return – but realizing the tax benefit on your paycheck.

Caveat: Be Conservative, if you don't use it, you lose it.

Annual Limit: \$3,400 per year

Annual Enrollment: October of each year (does not automatically roll-over)

Dependent Child Care Reimbursement Plan

The Dependent Child Care Reimbursement plan is designed to allow an employee to elect to have a specified number of pre-tax dollars deducted from your paycheck each pay period. These dollars are then contributed to a reimbursement account. The employee submits a receipt for a qualified dependent care expense and is reimbursed from that account. The Internal Revenue Service has set the maximum allowable contributions for a dependent care reimbursement plan at \$7,500 per family for a married couple filing jointly or a single parent filing head of household. Any monies not recovered are retained by the state. Once enrolled, changes in the election can only be made at the beginning of each plan year. The plan is administered through Southern Administrators and Benefit Consultants, Inc.

Plan Administrator: Southern Administrators and Benefit Consultants, Inc.
www.sabcflex.com

Effective Date: 1st of the month after hire date (i.e., hired 3/1/23 effective 4/1/23)

Plan Year: January 1st through December 31st
(grace period through March 15th of the following year)

Purpose: To set aside dollars to cover out-of-pocket dependent care expenses.

Benefits: You must have a receipt to be reimbursed.

You must have contributed at least the amount of the requested reimbursement to be reimbursed.

This is equivalent to taking a tax credit on your tax return – but realizing the tax benefit on your paycheck.

Family Limit: \$7,500 per year

Caveat: Be conservative, if you don't use it, you lose it.

Annual Enrollment: October of each year (does not automatically roll-over)

Minnesota Life – Group Life Insurance (Not Cafeteria)

Employees are offered a life and accidental insurance in an amount equal to double the insured's salary, at a minimum of \$30,000 and a maximum of \$100,000 (double in case of an accident). The University pays 50% and the employees 50% of the premium. The 50% is \$0.10 each \$1,000 for the employee and for the employer. Employees the elect coverage will be enrolled on their first day of employment.

Retired employees may be insured for life insurance in increments of \$5,000, \$10,000, or \$20,000. This policy is through Minnesota Life Insurance Company.

Effective Date of Coverage: Date of Hire

Coverage:

- Employee only – no spouse or dependent coverage
 - Active employee
 - Disabled employee
 - Retired employee

Life Insurance: double salary with limitations listed below. (2x salary)

Minimum: \$30,000 Maximum: \$100,000

Accidental Death Benefits (ADB): Pays in addition to the Life Insurance coverage, which means it pays double in the case of accidental death.

Premiums: \$0.10 per \$1,000 of coverage (employee's portion)

Leave Accrual

Major Medical Leave

Full-time faculty and staff are entitled to major medical leave benefits beginning from their first effective date of employment with the University. The following chart shows the accrual rates for faculty and staff earning major medical leave.

Major Medical Leave Accrual		
Service Time	Hours Per Month	
	12-Month Staff/Faculty	9-Month Faculty
1 month to 3 years	8	13.33
37 months to 8 years	7	14.20
97 months to 15 years	6	15.40
Over 15 years	5	16

Except for nine-month faculty, the first eight (8) hours of absence due to illness will be charged to personal leave. Absence requiring routine visits to a doctor's office or hospital for treatment of a chronic illness, in excess of eight (8), will be charged directly to major medical leave. These do not have to be consecutive days. Nonconsecutive days should be noted on the monthly time sheets.

Major medical leave may be used for absences due to illness of the employee's immediate family after the first eight (8) hours is charged as personal leave. The requirement for eight (8) hours of personal leave is waived for nine-month faculty. The immediate family is defined as spouse, parent, step-parent, sibling, child, step-child, grandchild, grandparent, son- or daughter-in-law, mother-or father-in-law, or brother-or sister-in-law. For each absence due to illness of thirty-two (32) consecutive working hours (combined personal leave and major medical leave), major medical leave shall be authorized only when certified by the attending physician.

Faculty may be paid for up to 240 hours of major medical leave upon retirement when they meet PERS retirement rules. Employees may use unused leave to earn additional retirement credit if they are members of the state retirement system Tiers 1-4 (PERS).

Personal Leave

Regular 12-month staff/12-month faculty employees are entitled to personal leave benefits beginning on their first effective day of employment with the University. Part-time employees accrue on a pro-rate basis depending on the number of hours worked.

Nine-month faculty earns only major medical leave, not personal leave.

Personal Leave Accrual		
	Hours Per Month	Days Per Year
1 month to 3 years	12	18
37 months to 8 years	14	21
97 months to 15 years	16	24
Over 15 years	18	27

Holiday Schedule

The University recognizes the following days as holidays:

- **New Year's Day**
- **Martin Luther King Jr**
- **Good Friday**
- **Memorial Day**
- **Independence Day**
- **Labor Day**
- **Thanksgiving (Thursday and Friday)**
- **Christmas Day and Christmas leave period, to include the last seven working days of December as designated by the University President**

Faculty/Staff Academic Policy

A full-time employee may take up to six (6) semester hours per term, but only one course may be taken during normal working hours. Employees taking week-long intensive courses must take annual leave while they are away from the office taking these courses. All part-time University employees on University benefits are eligible for one-half benefit up to three semester hours. Part-time employees will not be eligible to take their free course during their normal work schedule. All employees must maintain a 2.0 cumulative GPA.

Dependent children of full-time benefit eligible employees and retirees will receive a 50% tuition waiver for their first degree at USM. The dependent child must be unmarried, under age 25 and maintain good academic standing.

The Payne Center

The Payne Center offers a variety of fitness and recreational programs in a 133,000 square foot, fully air-conditioned building. The facility includes a swimming pool, fitness center with free weights and strength resistance equipment, aerobics, indoor volleyball, basketball, squash, racquetball courts and locker rooms. Membership fees can be paid by payroll deduction. For more information call the Payne Center at 266-5405

Jury Duty and Elections

Jury Duty is recognized as a civic responsibility. A regular employee who is called for jury duty or summoned to appear as a witness on the behalf of any town, city, county, state or federal government shall be granted special leave with pay. The employee may retain the payment granted to an employee for serving on a jury. Special leave is not granted for court attendance when the employee is the defendant or is engaged in personal litigation.

Most employees live or work close enough to the polls to vote before or after working hours. Should this not be possible, the employee may have time off to vote in the county, state, or federal elections with the prior approval of his or her immediate supervisor.

Probationary Period

All staff employees are required to serve on a probationary basis, which consists of ninety (90) days of employment. If the employees' performance is not acceptable, they may be terminated without the normal 2 weeks' notice. The Director of Human Resources is authorized to extend the ninety (90) day probationary period up to (180) days upon the recommendation of the department manager.

An employee successfully completing the 90-day period remains employed at-will, but is entitled to the notice requirement at that time.

CONTACT INFORMATION

Benefits Manager: Amy Hester 601-266-4055
(amy.hester@usm.edu)

Benefits Specialist: Cadesha Barnes 601-266-5218
(Cadesha.barnes@usm.edu)