

City of New Meadows Employee Time Sheet

Pay Period 1

Date	9/1	9/2	9/3	9/4	9/5	9/6	WEEK	9/7	9/8	9/9	9/10	9/11	9/12	9/13	WEEK	9/14	9/15		Period
	Monday	Tuesday	Wed	Thurs	Friday	Sat		Sun	Mon	Tues	Wed	Thurs	Friday	Sat		Sun	Monday		Totals
Time In	Holiday	730a	730a	730a	730a				730a	800a	700a	700a	730a				730a		
Time Out	Holiday	130p	400p	400p	430p				930p	1000p	430p	100p	100p				400p		
Lunch		0.50	0.50	0.50	1.00						0.50	0.50	0.00				0.50		
Hours Worked		5.50	7.50	8.00	8.00		29.00		9.00	8.00	9.00	10.00	4.00		40.00		8.00		77.00
Vac Time Used																			0.00
Sick Time Used																			0.00
Comp/OVER EARN													1.50						1.50
Comp Time USED		-3.00																	-3.00
Holiday	8.00																		8.00
Fire / EMS																			0.00
Unpaid Time																			0.00
Job Type (Fund)																			
Office / Shop			2.00	2.00	2.00														6.00
City Council MTG									2.00										2.00
P&Z MTG/Matters																			0.00
Staff MTG																			0.00
Park MTG																			0.00
PRSB MTG																			0.00
General Training																			0.00
Park Mow/Irrig		3.00																	3.00
Park Restroom																			0.00
Animal Control																			0.00
Water		1.50	3.00	3.00	4.00				4.00	4.00			3.00				3.00		25.50
Water Training											4.00	5.00							9.00
Sewer		1.00	2.50	3.00	2.00				3.00	4.00			2.50				3.00		21.00
Sewer Training											4.00	5.00							9.00
Grading Streets																			0.00
Plowing Streets																			0.00
Storm Drains																	2.00		2.00
Signs																			0.00
Sidewalks																			0.00
Holiday	8.00																		8.00
Sick Time Used																			0.00
Vac Time Used																			0.00
Hours Worked	8.00	5.50	7.50	8.00	8.00	0.00	0.00	0.00	9.00	8.00	8.00	10.00	5.50	0.00	0.00	0.00	8.00	0.00	85.50

Office Use Only		
Fund	Hours	
General	5.00	
Split (G/W/	8.00	
Water	34.50	
Sewer	30.00	
Animal Con	0.00	
Sick Used	0.00	
Vac Used	0.00	
Comp Earn	1.50	
Comp Used	-3.00	
Holiday	8.00	
Comp Used	-3.00	
Holiday	8.00	
Total	84.00	

↑ ENTER TIME WORKED ↑

NOTES:

I certify that the time worked above is true & correct. I also certify that I have not worked unauthorized overtime hours.
 Employee: _____
 Supervisor: _____
 Date: _____

Employee Name: Doug Buys

City of New Meadows Employee Time Sheet

Pay Period 2

Date	9/16	9/17	9/18	9/19	9/20	WEEK	9/21	9/22	9/23	9/24	9/25	9/26	9/27	WEEK	9/28	9/29	9/30	END	Period
	Tuesday	Wed	Thurs	Friday	Sat		Sunday	Monday	Tuesday	Wed	Thurs	Friday	Sat		Sunday	Monday	Tuesday		Totals
Time In	730a	730a	730a	730a				730a	730a	730a	730a	730a				730a	730a		
Time Out	430p	330p	330p	400p				430p	400p	300p	400p	430p				400p	400p		
Lunch	2.00	0.50	0.00	0.50				1.50	0.50	0.50	2.00	2.50				0.50	0.50		
Hours Worked	7.00	7.50	8.00	8.00	1.00	31.50	1.00	7.00	8.00	7.00	6.00	6.00	1.00	36.00	1.00	8.50	8.00	17.50	85.00
Vac Time Used										2.00	2.00								4.00
Sick Time Used									1.00										1.00
Comp/OVER EARN																			0.00
Comp Time USED		0.50																	0.50
Holiday																			0.00
Fire / EMS																			0.00
Unpaid Time																			0.00
Job Type (Fund)																			
Office / Shop			4.00	4.00					4.00			2.00					2.00		16.00
City Council MTG																0.50			0.50
P&Z MTG/Matters																			0.00
Staff MTG																			0.00
Park MTG																			0.00
PRSB MTG																			0.00
General Training																			0.00
Park Mow/Irrig			2.00						1.00										3.00
Park Restroom								3.00		1.00						1.00			5.00
Animal Control																			0.00
Water	4.00	4.00	1.00	2.00	1.00		1.00	3.00	2.00	3.00	3.00	3.00	1.00		1.00	1.00	2.00		32.00
Water Training																			0.00
Sewer	1.00	2.00	1.00	2.00				1.00	2.00	3.00	2.00	1.00				2.00	4.00		21.00
Sewer Training																			0.00
Grading Streets	2.00	1.50														4.00			7.50
Plowing Streets																			0.00
Storm Drains																			0.00
Signs																			0.00
Sidewalks																			0.00
Holiday																			0.00
Sick Time Used																			0.00
Vac Time Used		0.50								2.00	2.00								4.50
Hours Worked	7.00	8.00	8.00	8.00	1.00	0.00	1.00	7.00	8.00	7.00	8.00	8.00	1.00	0.00	1.00	8.50	8.00	0.00	89.50

Office Use Only		
Fund	Hours	
General	15.50	
Split (G/W/	16.50	
Water	32.00	
Sewer	21.00	
Animal Con	0.00	
Sick Used	0.00	
Vac Used	4.00	
Comp Earn	0.00	
Comp Used	0.50	
Holiday	0.00	
Comm Svcs Time	0.00	
Unpaid Time	0.00	
Total	89.50	

↑ ENTER TIME WORKED ↑

NOTES:

I certify that the time worked above is true & correct. I also certify that I have not worked unauthorized overtime hours.
 Employee: _____
 Supervisor: _____
 Date: _____

Employee Name: Doug Buys

City of New Meadows Employee Time Sheet

Pay Period 1 & 2

Date	9/11	9/12	9/16	9/17	9/18	9/19	9/23	9/25	9/29	9/30				WEEK			END		Period
	Thurs	Friday	Tues	Wed	Thurs	Friday	Tues	Thurs	Mon	Tues									Totals
Time In	1200p	1200p	900a	900a	900a	900a	845a	845a	630p	800a									
Time Out	345p	215p	300p	300p	300p	300p	330p	430p	730p	430p									
Lunch																			
Hours Worked	3.75	2.25	6.00	6.00	6.00	6.00	6.75	7.75	1.00	7.50							0.00		53.00
Vac Time Used																			0.00
Sick Time Used																			0.00
Comp/OVER EARN																			0.00
Comp Time USED																			0.00
Holiday																			0.00
Fire / EMS																			0.00
Unpaid Time																			0.00
Job Type (Fund)																			
Office / Shop			3.00	6.00	6.00	6.00	6.75	7.75	0.50	7.50									43.50
City Council MTG									0.50										0.50
P&Z MTG/Matters																			0.00
Staff MTG																			0.00
Park MTG																			0.00
PRSB MTG																			0.00
General Training	3.75	2.25	3.00																9.00
Park Mow/Irrig																			0.00
Park Restroom																			0.00
Animal Control																			0.00
Water																			0.00
Water Training																			0.00
Sewer																			0.00
Sewer Training																			0.00
Grading Streets																			0.00
Plowing Streets																			0.00
Storm Drains																			0.00
Signs																			0.00
Sidewalks																			0.00
Holiday																			0.00
Sick Time Used																			0.00
Vac Time Used																			0.00
Hours Worked	3.75	2.25	6.00	6.00	6.00	6.00	6.75	7.75	1.00	7.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	53.00

Office Use Only		
Fund	Hours	
General	9.00	
Split (G/W/	44.00	
Water	0.00	
Sewer	0.00	
Animal Con	0.00	
Sick Used	0.00	
Vac Used	0.00	
Comp Earn	0.00	
Comp Used	0.00	
Holiday	0.00	
Total	53.00	

↑ ENTER TIME WORKED ↑

NOTES: Contract Labor at \$10 per hour

I certify that the time worked above is true & correct. I also certify that I have not worked unauthorized overtime hours.

Employee: _____

Supervisor: _____

Date: _____

Contract Labor: Kim Jackson

City of New Meadows Employee Time Sheet

Pay Period 1

Date	9/1	9/2	9/3	9/4	9/5	9/6	WEEK	9/7	9/8	9/9	9/10	9/11	9/12	9/13	WEEK	9/14	9/15		Period
	Monday	Tuesday	Wed	Thurs	Friday	Sat		Sun	Mon	Tues	Wed	Thurs	Friday	Sat		Sun	Monday		Totals
Time In	Holiday	900a	845a	845a					900a	900a	600p	930a	900a				900a		
Time Out	Holiday	330p	300p	430p					900p	300p	900p	500p	400p				400p		
Lunch																			
Hours Worked		6.50	6.25	7.75			20.50		11.50	5.50	3.00	7.50	7.00		34.50		7.00	7.00	62.00
Vac Time Used					8.00														8.00
Sick Time Used																			0.00
Comp/OVER EARN																			0.00
Comp Time USED																			0.00
Holiday	8.00																		8.00
Fire / EMS		1.00																	1.00
Unpaid Time																			0.00
Job Type (Fund)																			
Office / Shop		6.50	6.25	7.75					9.50	5.50		7.50	7.00				7.00		57.00
City Council MTG									2.00										2.00
P&Z MTG/Matters											3.00								3.00
Staff MTG																			0.00
Park MTG																			0.00
PRSB MTG																			0.00
General Training																			0.00
Park Mow/Irrig																			0.00
Park Restroom																			0.00
Animal Control																			0.00
Water																			0.00
Water Training																			0.00
Sewer																			0.00
Sewer Training																			0.00
Grading Streets																			0.00
Plowing Streets																			0.00
Storm Drains																			0.00
Signs																			0.00
Sidewalks																			0.00
Holiday	8.00																		8.00
Sick Time Used																			0.00
Vac Time Used					8.00														8.00
Hours Worked	8.00	6.50	6.25	7.75	8.00	0.00	0.00	0.00	11.50	5.50	3.00	7.50	7.00	0.00	0.00	0.00	7.00	0.00	78.00

Office Use Only		
Fund	Hours	
General	3.00	
Split (G/W/	59.00	
Water	0.00	
Sewer	0.00	
Animal Con	0.00	
Sick Used	0.00	
Vac Used	8.00	
Comp Earn	0.00	
Comp Used	0.00	
Holiday	8.00	
Total	78.00	

↑ ENTER TIME WORKED ↑

NOTES:

I certify that the time worked above is true & correct. I also certify that I have not worked unauthorized overtime hours.
 Employee: _____
 Supervisor: _____
 Date: _____

Employee Name: Angie Moore

City of New Meadows Employee Time Sheet

Pay Period 2

Date	9/16	9/17	9/18	9/19	9/20	WEEK	9/21	9/22	9/23	9/24	9/25	9/26	9/27	WEEK	9/28	9/29	9/30	END	Period	
	Tuesday	Wed	Thurs	Friday	Sat		Sunday	Monday	Tuesday	Wed	Thurs	Friday	Sat		Sunday	Monday	Tuesday			Totals
Time In	900a	Train	Train	Train				845a		845a		845a				900a				
Time Out	Travel	Train	Train	Travel				445p		230p		330p				745p				
Lunch																0.75				
Hours Worked	8.00	10.25	12.50	8.00		38.75		8.00		5.75		6.75		20.50		8.75			68.00	HRS Worked
Vac Time Used																			0.00	Vacation Time
Sick Time Used										2.25		2.00							4.25	Sick Time
Comp/OVER EARN																			0.00	Comp Earned
Comp Time USED																			0.00	Comp Used
Holiday																			0.00	Holiday
Fire / EMS																			0.00	Comm Svcs Time
Unpaid Time																2.00			2.00	Unpaid Time
Job Type (Fund)																				
Office / Shop	8.00							8.00		5.75		6.75				8.25				36.75
City Council MTG																0.50				0.50
P&Z MTG/Matters																				0.00
Staff MTG																				0.00
Park MTG																				0.00
PRSB MTG																				0.00
General Training		3.50	4.00	3.00																10.50
Park Mow/Irrig																				0.00
Park Restroom																				0.00
Animal Control																				0.00
Water																				0.00
Water Training		3.50	4.25	2.50																10.25
Sewer																				0.00
Sewer Training		3.25	4.25	2.50																10.00
Grading Streets																				0.00
Plowing Streets																				0.00
Storm Drains																				0.00
Signs																				0.00
Sidewalks																				0.00
Holiday																				0.00
Sick Time Used										2.25		2.00								4.25
Vac Time Used																				0.00
Hours Worked	8.00	10.25	12.50	8.00	0.00	0.00	0.00	8.00	0.00	8.00	0.00	8.75	0.00	0.00	0.00	8.75	0.00	0.00	0.00	72.25

Office Use Only		
Fund	Hours	
General	10.50	
Split (G/W/	37.25	
Water	10.25	
Sewer	10.00	
Animal Con	0.00	
Sick Used	4.25	
Vac Used	0.00	
Comp Earn	0.00	
Comp Used	0.00	
Holiday	0.00	
Total	72.25	

↑ ENTER TIME WORKED ↑

NOTES: 9/29 OFC Hours 9a-4p then CC MTG & Prep 6p-745p

I certify that the time worked above is true & correct. I also certify that I have not worked unauthorized overtime hours.

Employee: _____

Supervisor: _____

Date: _____

Employee Name: Angie Moore

City of New Meadows Employee Time Sheet

Pay Period 1

Date	9/1	9/2	9/3	9/4	9/5	9/6	WEEK	9/7	9/8	9/9	9/10	9/11	9/12	9/13	WEEK	9/14	9/15		Period
	Monday	Tuesday	Wed	Thurs	Friday	Sat		Sun	Mon	Tues	Wed	Thurs	Friday	Sat		Sun	Monday		Totals
Time In	Holiday	800a	1145a	SICK	800a				730a	845a	830a	830a	900a				745a		
Time Out	Holiday	345p	345p	SICK	400p				900p	530p	915p	500p	400p				500p		
Lunch													1.00				1.00		
Hours Worked		7.75	4.00		8.00		19.75		13.50	8.75	12.75	5.00	0.00		40.00		8.25		8.25
Vac Time Used																			0.00
Sick Time Used				8.00															8.00
Comp/OVER EARN												3.50	6.00						9.50
Comp Time USED			-4.00																-4.00
Holiday	8.00																		8.00
Fire / EMS		1.00							0.25										1.25
Unpaid Time																			0.00
Job Type (Fund)																			
Office / Shop		7.75	4.00		8.00				10.75	5.75	8.75	8.50	6.00				8.25		67.75
City Council MTG									2.50										2.50
P&Z MTG/Matters										1.00	4.00								5.00
Staff MTG										2.00									2.00
Park MTG																			0.00
PRSB MTG																			0.00
General Training																			0.00
Park Mow/Irrig																			0.00
Park Restroom																			0.00
Animal Control																			0.00
Water																			0.00
Water Training																			0.00
Sewer																			0.00
Sewer Training																			0.00
Grading Streets																			0.00
Plowing Streets																			0.00
Storm Drains																			0.00
Signs																			0.00
Sidewalks																			0.00
Holiday	8.00																		8.00
Sick Time Used				8.00															8.00
Vac Time Used																			0.00
Hours Worked	8.00	7.75	4.00	8.00	8.00	0.00	0.00	0.00	13.25	8.75	12.75	8.50	6.00	0.00	0.00	0.00	8.25	0.00	93.25

← Enter Time	Office Use Only	
	Fund	Hours
	General	5.00
	Split (G/W/	72.25
	Water	0.00
	Sewer	0.00
	Animal Con	0.00
	Sick Used	8.00
	Comp Earned	9.50
	Comp Used	0.00
	Vac Used	0.00
	Comp Earn	9.50
	Comm Srvs Time	-4.00
	Holiday	8.00
	Total	98.75

↑ ENTER TIME WORKED ↑

NOTES:

I certify that the time worked above is true & correct. I also certify that I have not worked unauthorized overtime hours.
 Employee: _____
 Supervisor: _____
 Date: _____

Employee Name: Mac Qualls

City of New Meadows Employee Time Sheet

Pay Period 2

Date	9/16	9/17	9/18	9/19	9/20	WEEK	9/21	9/22	9/23	9/24	9/25	9/26	9/27	WEEK	9/28	9/29	9/30	END	Period
	Tuesday	Wed	Thurs	Friday	Sat		Sunday	Monday	Tuesday	Wed	Thurs	Friday	Sat		Sunday	Monday	Tuesday		Totals
Time In		Train	Train	Train				800a	830a	845a	815a	900a				800a	800a		
Time Out	Travel	Train	Train	Travel				500p	345p	400p	530p	500p				745p	530p		
Lunch											1.00	1.00				0.50	0.50		
Hours Worked	8.00	10.25	12.50	1.00		31.75		9.00	7.25	7.25	8.25	7.00		38.75	9.00	9.50		18.50	89.00
Vac Time Used																			0.00
Sick Time Used																			0.00
Comp/OVER EARN				7.00															7.00
Comp Time USED												1.25							1.25
Holiday																			0.00
Fire / EMS																			0.00
Unpaid Time																2.00			2.00
Job Type (Fund)																			
Office / Shop	8.00							7.00	7.25	7.25	8.25	5.50				8.50	9.00		60.75
City Council MTG																0.50			0.50
P&Z MTG/Matters								2.00											2.00
Staff MTG																			0.00
Park MTG																			0.00
AVIC MTG											1.50								1.50
General Training		3.50	4.00	3.00															10.50
Park Mow/Irrig																			0.00
Park Restroom																			0.00
Animal Control																			0.00
Water																			0.00
Water Training		3.50	4.25	2.50															10.25
Sewer																			0.00
Sewer Training		3.25	4.25	2.50															10.00
Grading Streets																			0.00
Plowing Streets																			0.00
Storm Drains																			0.00
Signs																			0.00
Sidewalks																			0.00
Holiday																			0.00
Sick Time Used																			0.00
Vac Time Used																			0.00
Hours Worked	8.00	10.25	12.50	8.00	0.00	0.00	0.00	9.00	7.25	7.25	8.25	7.00	0.00	0.00	0.00	9.00	9.00	0.00	95.50

Office Use Only		
Fund	Hours	
General	14.00	
Split (G/W/	61.25	
Water	10.25	
Sewer	10.00	
Animal Con	0.00	
Sick Used	0.00	
Vac Used	0.00	
Comp Earn	7.00	
Comp Used	1.25	
Holiday	0.00	
Total	103.75	

↑ ENTER TIME WORKED ↑

NOTES:

I certify that the time worked above is true & correct. I also certify that I have not worked unauthorized overtime hours.
 Employee: _____
 Supervisor: _____
 Date: _____

Employee Name: Mac Qualls

City of New Meadows Employee Time Sheet

Pay Period 1

Date	9/1	9/2	9/3	9/4	9/5	9/6	WEEK	9/7	9/8	9/9	9/10	9/11	9/12	9/13	WEEK	9/14	9/15		Period
	Monday	Tuesday	Wed	Thurs	Friday	Sat		Sun	Mon	Tues	Wed	Thurs	Friday	Sat		Sun	Monday		Totals
Time In	Holiday	800a	800a	800a	800a				800a	800a	800a	800a	800a				800a		
Time Out	Holiday	430p	430p	430p	430p				430p	430p	430p	430p	430p				430p		
Lunch		0.50	0.50	0.50	0.50				0.50	0.50	0.50	0.50	0.50				0.50		
Hours Worked		8.00	8.00	8.00	8.00		32.00		9.50	8.00	8.00	8.00	8.00		41.50		8.00	8.00	81.50
Vac Time Used																			0.00
Sick Time Used																			0.00
Comp/OVER EARN																			0.00
Comp Time USED																			0.00
Holiday	8.00																		8.00
Fire / EMS																			0.00
Unpaid Time																			0.00
Job Type (Fund)																			
Office / Shop		4.00	3.00	4.00	2.00					4.00	7.00	2.00	4.00				2.00		32.00
City Council MTG									1.50										1.50
P&Z MTG/Matters																			0.00
Staff MTG																			0.00
Park MTG																			0.00
PRSB MTG																			0.00
General Training																			0.00
Park Mow/Irrig																			0.00
Park Restroom		1.00	1.00	1.00	1.00					1.00		1.00	1.00				1.00		8.00
Animal Control		1.00	1.00	1.00	1.00					1.00		1.00	1.00				1.00		8.00
Water		1.00	3.00	1.00	4.00				1.00	1.00	1.00	2.00	2.00				2.00		18.00
Water Training																			0.00
Sewer				1.00						1.00		2.00					2.00		6.00
Sewer Training																			0.00
Grading Streets		1.00							7.00										8.00
Plowing Streets																			0.00
Storm Drains																			0.00
Signs																			0.00
Sidewalks																			0.00
Holiday	8.00																		8.00
Sick Time Used																			0.00
Vac Time Used																			0.00
Hours Worked	8.00	8.00	8.00	8.00	8.00	0.00	0.00	0.00	9.50	8.00	8.00	8.00	8.00	0.00	0.00	0.00	8.00	0.00	89.50

Office Use Only		
Fund	Hours	
General	16.00	
Split (G/W/	33.50	
Water	18.00	
Sewer	6.00	
Animal Con	8.00	
Sick Used	0.00	
Vac Used	0.00	
Comp Earn	0.00	
Comp Used	0.00	
Comm Srvs Tim	0.00	
Unpaid Time	8.00	
Total	89.50	

↑ ENTER TIME WORKED ↑

NOTES:

I certify that the time worked above is true & correct. I also certify that I have not worked unauthorized overtime hours.
 Employee: _____
 Supervisor: _____
 Date: _____

Employee Name: CW White

City of New Meadows Employee Time Sheet

Pay Period 2

Date	9/16	9/17	9/18	9/19	9/20	WEEK	9/21	9/22	9/23	9/24	9/25	9/26	9/27	WEEK	9/28	9/29	9/30	END	Period
	Tuesday	Wed	Thurs	Friday	Sat		Sunday	Monday	Tuesday	Wed	Thurs	Friday	Sat		Sunday	Monday	Tuesday		Totals
Time In	800a	800a	800a	800a															
Time Out	430p	430p	430p	430p															
Lunch	0.50	0.50	0.50	0.50															
Hours Worked	8.00	8.00	8.00	8.00		32.00								0.00				0.00	32.00
Vac Time Used																			0.00
Sick Time Used																			0.00
Comp/OVER EARN																			0.00
Comp Time USED																			0.00
Holiday																			0.00
Fire / EMS																			0.00
Unpaid Time																			0.00
Job Type (Fund)																			
Office / Shop		3.00	2.00	3.00															8.00
City Council MTG																			0.00
P&Z MTG/Matters																			0.00
Staff MTG																			0.00
Park MTG																			0.00
PRSB MTG																			0.00
General Training																			0.00
Park Mow/Irrig			1.00																1.00
Park Restroom		1.00	1.00	1.00															3.00
Animal Control	1.00	1.00	1.00	1.00															4.00
Water	1.00	2.00	1.00	2.00															6.00
Water Training																			0.00
Sewer			2.00	1.00															3.00
Sewer Training																			0.00
Grading Streets	6.00																		6.00
Plowing Streets																			0.00
Storm Drains		1.00																	1.00
Signs																			0.00
Sidewalks																			0.00
Holiday																			0.00
Sick Time Used																			0.00
Vac Time Used																			0.00
Hours Worked	8.00	8.00	8.00	8.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	32.00

Office Use Only		
Fund	Hours	
General	11.00	
Split (G/W/	8.00	
Water	6.00	
Sewer	3.00	
Animal Con	4.00	
Sick Used	0.00	
Vac Used	0.00	
Comp Earn	0.00	
Comp Used	0.00	
Holiday	0.00	
Comm Svcs Time	0.00	
Unpaid Time	0.00	
Total	32.00	

↑ ENTER TIME WORKED ↑

NOTES:

I certify that the time worked above is true & correct. I also certify that I have not worked unauthorized overtime hours.
 Employee: _____
 Supervisor: _____
 Date: _____

Employee Name: CW White

Total for Payroll Checks

	Employee	Employer	Amount
COMA HOURS (Comp Time Accumulated)	16.50		0.00
COMP HOURS (Comp Time Used)	8.75		158.03
HOL HOURS (Holiday Pay)	32.00		495.44
J001 HOURS (ANIMAL CONTROL)	12.00		170.16
J002 HOURS (P&Z)	8.00		117.00
J004 HOURS (AC TICKETS)	0.00		30.00
OVER HOURS (Overtime)	8.50		208.31
PAYV HOURS (VACATION TIME PAYOUT)	10.48		148.61
REG HOURS (Regular Time)	558.25		10,225.08
SICK HOURS (Sick Time)	12.25		181.15
VACA HOURS (Vacation Time Used)	12.00		167.80
GROSS PAY	11,901.58	0.00	
NET PAY	7,024.50	0.00	
FIT	513.20	0.00	
H&W-CASE#233123	268.38	0.00	
IDAHO SIT	237.00	0.00	
III-A HEALTH IN	0.00	1,558.00	
MEDICARE	172.57	172.57	
PERSI	798.04	1,330.44	
PERSI CHOICE D	250.00	0.00	
SOCIAL SECURITY	737.89	737.89	
ADVANCE APPLIED	-1,900.00	0.00	
FIT/SIT BASE	10,853.54	0.00	
MEDICARE BASE	11,901.58	0.00	
PERS BASE	11,752.97	0.00	
SOC SEC BASE	11,901.58	0.00	
WC BASE	11,901.58	0.00	
Total		3,798.90	
Total Payroll Expense (Gross Pay + Employer Contributions):		15,700.48	

Check Summary

Payroll Checks Prev. Out.	\$4,256.14
Payroll Checks Issued	\$11,466.36
Advance Checks Issued	\$1,000.00
Payroll Checks Redeemed	\$13,036.30
Payroll Checks Outstanding	\$2,686.20
Electronic Checks	\$2,334.12

Deductions Accrued	Carried Forward From Previous Month	Deduction Checks Issued	Difference	Liab Account
Social Security	1475.78	1475.78		21001
Medicare	345.14	345.14		21002
Workers' Comp	0.00			21008
FIT	513.20	513.20		21003
IDAHO SIT	237.00	237.00		21004

10/09/14
09:29:04

CITY OF NEW MEADOWS, IDAHO
Payroll Summary For Payrolls from 09/01/14 to 09/30/14

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PERSI	2128.48		2128.48		21005
H&W-CASE#233123	268.38		268.38		21009
III-A HEALTH IN	1558.00		1558.00		21007
PERSI_CHOICE_D	250.00		250.00		21005
Total Ded.	6775.98	0.00	6775.98	0.00	

*** Carried Forward column only correct if report run for current period.