

Review, sign, and return to the Business Office by September 10th

Becky Sampson

SAMPBEC
Sampson, Becky S
548 1st Ave

Birth Date: 05/12/1998
Primary Phone Number: 944-9282 Cell
Occupation: Secretary
Social Security Number: XXX-XX-5186
Hire/Rehire Date: 06/28/2018

Someplace IA 55490

Email Addresses:

Business: becky.sampson@school.k12.ia.us

Personal:

Other:

Wages:

Description	Total Contract	Remaining Payments	Regular Days	Additional Days	Absence per Day	Amount/Pay Period	Start Date
O.T. Rate	0.00	0.00				14.63	
Secretary	0.00	0.00				9.75	

Leaves:

Leave ID	Description	Beginning Balance	Posted Earned	Posted Taken	Posted Balance	Unposted or Approved	Pending Approval	Unsubmitted	Total Balance
Start/End Date: 07/01/2022 - 06/30/2023									
FAM	Family Leave	0.00	16.00	(8.00)	8.00	0.00	0.00	0.00	8.00
PER	Personal Leave	0.00	3.00	(1.00)	2.00	0.00	0.00	0.00	2.00
SICK	Sick Leave	40.00	72.00	(8.00)	104.00	0.00	(104.00)	0.00	0.00
VAC	Vacation Leave	0.00	4.00	0.00	4.00	(1.00)	0.00	0.00	3.00

Deductions:

Deduction ID	Description	Rate Type	Balance	Amount	Frequency	Start Date	End Date	Type
AMERLIFE	AM-LIFE	Fixed	0.00	1.80	Every Pay Period			Employee
HEALTH125	TRAV-HT125	Fixed Table	0.00	163.00	Every Pay Period			Employee
HEALTH125	TRAV-HT125	Fixed Table	0.00	259.00	Every Pay Period			Employer
PRUDENTIAL	PRUD-LIFE	Fixed Table	0.00	4.25	Every Pay Period			Employer
RET	IPERS	Percent Table	0.00	6.29	Every Pay Period			Employee
RET	IPERS	Percent Table	0.00	9.44	Every Pay Period			Employer
UNITEDWAY	UNITED WAY	Fixed	70.00	20.00	Every Pay Period	09/01/2022		Employee

Taxes:

Description	Old W4 Format	Tax Table	Exempt	Allow.	Add'l Allow.	Multiple Jobs	Claim Dpdents	Other Income	Deductions	Add'l Rate Type	Frequency	Add'l Amount
FIT	X	M		1								
SIT IA		M		1								

Direct Deposit:

ACA Coverage Dates:

Employee Coverage Dates

Enrollment Date Withdrawal Date
01/01/2020

Emergency Contacts:

Custom Dates:

CPR Cert. Expiration Date 06/30/2023

Custom Numeric:

Parking Tag # 4.00

Custom Referenced:

Building ADM Administration Building

Custom Text:

Position SECRETARY Work Schedule/Times 7:30 a.m. to 4:30 p.m. M-F

Employee Signature

Date

Review, sign, and return to the Business Office by September 10th

Bert Williamson

WILLBER
Williamson, Bert J
12542 Lincoln Way

Birth Date: 03/28/1970
Primary Phone Number: 944-3555 Home
Occupation: HS Math Teacher
Social Security Number: XXX-XX-6895
Hire/Rehire Date: 07/14/2006

Someplace IA 55490

Email Addresses:

Business: bert.williamson@school.k12.ia.us

Personal:

Other:

Wages:

Description	Total Contract	Remaining Payments	Regular Days	Additional Days	Absence per Day	Amount/Pay Period	Start Date
HS Math Teacher	34,000.00	10.00	190.00		178.95	2,833.33	09/01/2022
FB Coach	4,700.00	1.00				1,566.67	09/01/2022
Total Contracts:	38,700.00					4,400.00	

Leaves:

Leave ID	Description	Beginning Balance	Posted Earned	Posted Taken	Posted Balance	Unposted or Approved	Pending Approval	Unsubmitted	Total Balance
Start/End Date: 07/01/2022 - 06/30/2023									
FAM	Family Leave	0.00	16.00	0.00	16.00	0.00	0.00	0.00	16.00
PER	Personal Leave	0.00	3.00	0.00	3.00	0.00	(1.00)	0.00	2.00
PRO	Professional Leave	0.00	3.00	0.00	3.00	0.00	0.00	0.00	3.00
SICK	Sick Leave	16.00	96.00	0.00	112.00	0.00	0.00	0.00	112.00

Deductions:

Deduction ID	Description	Rate Type	Balance	Amount	Frequency	Start Date	End Date	Type
AMERLIFE	AM-LIFE	Fixed	0.00	4.50	Every Pay Period			Employee
DUES	ISEA	Fixed	0.00	35.00	Every Pay Period			Employee
HEALTH125	TRAV-HT125	Fixed Table	0.00	163.00	Every Pay Period			Employee
HEALTH125	TRAV-HT125	Fixed Table	0.00	259.00	Every Pay Period			Employer
NWMUTLIFE	NWEST TSA	Fixed	0.00	125.00	Every Pay Period			Employee
PRUDENTIAL	PRUD-LIFE	Fixed Table	0.00	4.25	Every Pay Period			Employer
RET	IPERS	Percent Table	0.00	6.29	Every Pay Period			Employee
RET	IPERS	Percent Table	0.00	9.44	Every Pay Period			Employer
UNITEDWAY	UNITED WAY	Fixed	250.00	25.00	Every Pay Period	09/01/2022		Employee

Taxes:

Description	Old W4 Format	Tax Table	Exempt	Allow.	Add'l Allow.	Multiple Jobs	Claim Dpdents	Other Income	Deductions	Add'l Rate Type	Frequency	Add'l Amount
FIT	X	M		0								
SIT IA		M		0								

Direct Deposit:

ACA Coverage Dates:

Employee Coverage Dates		Dependent Coverage Dates	
Enrollment Date	Withdrawal Date	Name: Martha Williamson	Federal ID: XXX-XX-9876
01/01/2020		Enrollment Date: 01/01/2020	Birth Date:
		Withdrawal Date:	

Emergency Contacts:

Custom Dates:

CPR Cert. Expiration Date 06/30/2023 TB Test Date 04/25/2022

Custom Numeric:

Parking Tag # 13.00

Custom Referenced:

Building HS High School

Custom Text:

Degree BS+30 Position TEACHER Work Schedule/Times 7:30 a.m. to 4 p.m. M-F

Review, sign, and return to the Business Office by September 10th

Bert Williamson

Employee Signature

Date