## Prescribed by State Board of Accounts

## PAYROLL SCHEDULE AND VOUCHER

General Payroll Form No. 99 (Rev. 1993)

1159 JEFFERSON COUNTY HEALTH DEPT.

(Office, Board, Department or Institution)

For Period Beginning April 16, 2012 Ending April 27, 2012

NOTE: Total hours or days to be paid shall equal the days or hours worked plus authorized leave to which an employee might be entitled by law and under the leave policies established by the governing body. The "Days Lost" column will apply only to salaried employees (not hourly) not entitled to pay for such days.

HEALTH DEPT 1159

	NAME OF EMPLOYEE	Approp. No. or Class Title			DAYS OR HOURS IN PERIOD			Total				Deductions								T	Amount of			
			L		ed 1	Sick V	Vaca- tion C	Leave C Dava	Days or Hours To Be	Rate	Gross Pay	Total	W/H Securi	Social	Social Medicare	State W/H Tax	County W/H Tax	Insuran	oe	Retirement			Warrant	Warrant
				loncash lenefits										Security Tax	Tax			O Amor	unt D	O Amount			(Gross Pay Less Deductions)	Number
V	1159 001-0111.00 JOHN HOSSLER, M.D.							L T	7.4	25		598.46	V	,					٦					
1	1159 001-0112.00 RALPH ARMAND	165			14		707	7 25	qu	2632		1492.46	1	20,5	57.81	Lost	004	4.	17	/z				
13	1159 001-0113.00 DARILYNN HATTON	166			70				70			1084.65	VH				, 1							
	1159 001-0114.00 TAMMY MONROE	171		- '	70.				70			1287.73	14	51.52	14 X	21.3	2)-	11	59	-00/-	10111	,00		
70.7	1159 001-0121.00 CINDY CARTER	180		-	70.00				70			709.03	11								-			
	1159 001-0125.00 JEANNETTE BELLAMY 1159 001-0127.00	375	1	-	70.00				70			1049.23	V											
1.	KAREN BUCHANAN 1159 001-0128.00	167	L	-	70.00				70			1518.61	V						$\perp$					
10	ANNETTE FINKBINE		Щ	-	70.00		Ш		70			1480.15	V,						_					
A,	1159 001-0129.00 WENDEE BRUTHER	468			70.00				20			864.84	V_											
10.	1159 001-0130.00 AUDREY BARNES	576	Ш		70.00				20			751.03	~											
V	1159 001-0131.00 MICHAEL NEW 1159 001-0132.00 JULIE	439	Ш		70,00				70			1049.19	~											
7	RILEY JULIE	9 500			70.00			1.	70			807.11	V											
13.	λ		1	_														,	3					
14.	Digital (e.)	-	1	_			$\square$											1	4					
16.	- V 4413 1413			535A	-		$\vdash$	+				1.	3					-	+					
10.	TOLK STAN	2.00		C.53			Н											-	+					
	TOT	ALS										12692.49												

CODES FOR NONCASH BENEFITS. OTHER LEAVE, INSURANCE AND RETIREMENT

A "Code" column has been provided to describe noncash benefits, other leaves, insurance and retirement plans. Use appropriate letters or numbers to distinguish each kind or type,

31,921.63

REGULAR TIME OVERTIME

Two lines have been provided for each employee to show regular time hours and overtime hours worked and the amount each employee earned for regular time and overtime.

CLAIM No		DISTRIBUTION OF EXPENSE							
Warrant No	to (Inclusive) -	Appropriation or Account Title	Approp.or Acct. No.	Amount					
PAY	ROLL OF								
de	With bat								
Office, Board, Depa	ertmentrer Institution	*-							
	1160								
	(Fund)	-	+						
Total Gross Pay	31,921.63	):•							
DEDUCTIONS		•							
Federal W/H Tax	х								
Social Security 7	Cáx								
Medicare Tax									
State W/H Tax	¥*								
C.A.G.I.T.	9								
Insurance	-								
Retirement									
		Total Gross Pay							
		FILED							
	i.								
Net Amount of Wa	arrants 131, 921,6	is.							
Allowed 4	27 Yr 2017	" [II	$_{\sf LED}$						
In the Sum of \$	31,921 63		_Lレ						
		ADD	2 7 2012						
		APK	4 1 2012						
		CELEST	E G. REED	) OLINTY					
		AUDITOR, JEF	LEUSON C	JUNIT					
1 2 2 2 2									
. (Board	of Commission)			Official Tit					